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NUMBER 6
MONTREAL
JUNE
1948

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The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of THE CANADIAN NURSE *nor of the Canadian Nurses' Association.*

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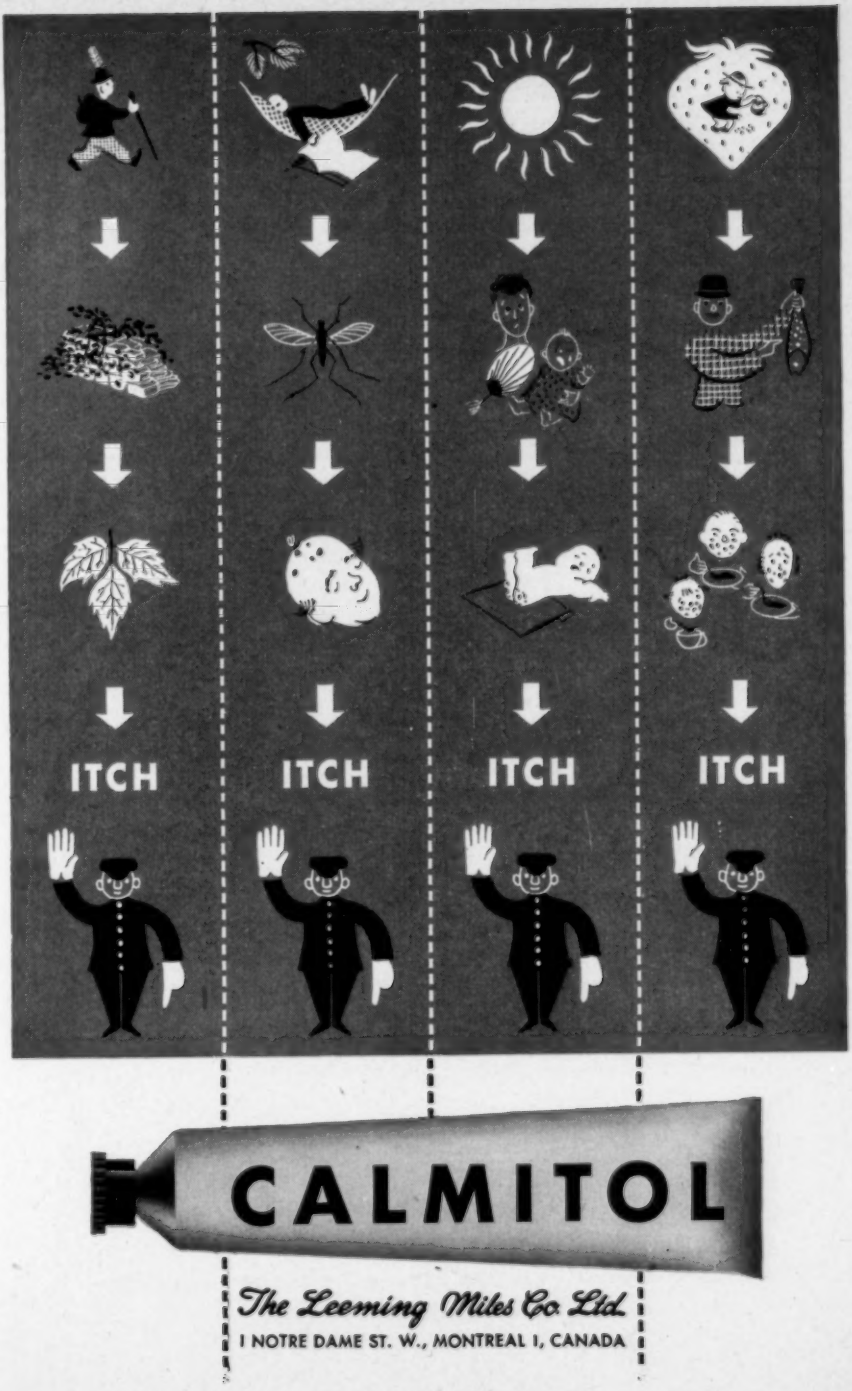
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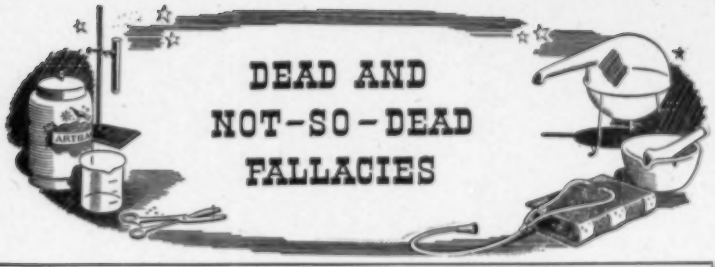

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References: 1. West. J. Surg., Obst. & Gyn., 51:150, 1943
2. J. A. M. A., 128:490, 1945
3. Am. J. Obst. & Gynec., 48:510, 1944
4. Am. J. Obst. & Gynec., 46:259, 1943
5. Med. Rec., 155:316, 1942
6. Med. Rec. & Ann., 35:851, 1941
7. Clin. Med. & Surg., 46:327, 1939

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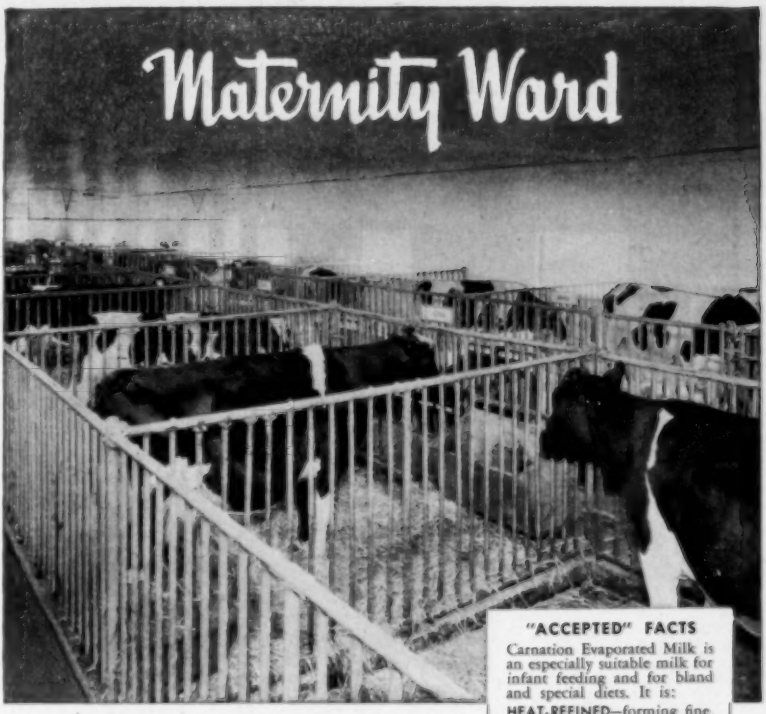

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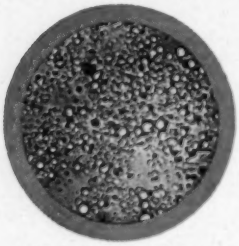

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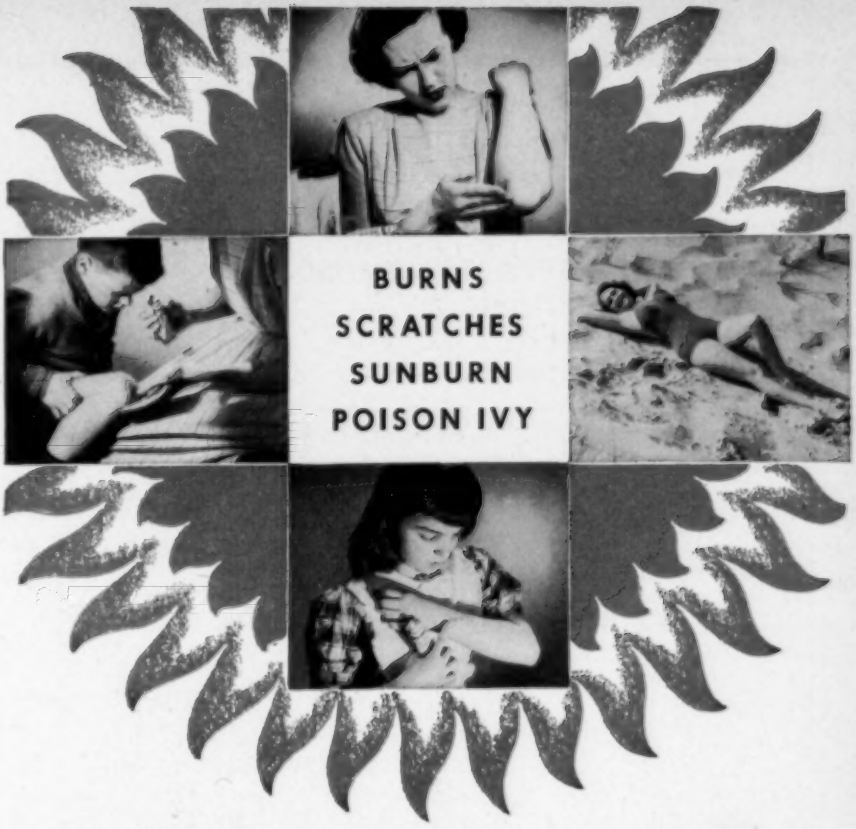

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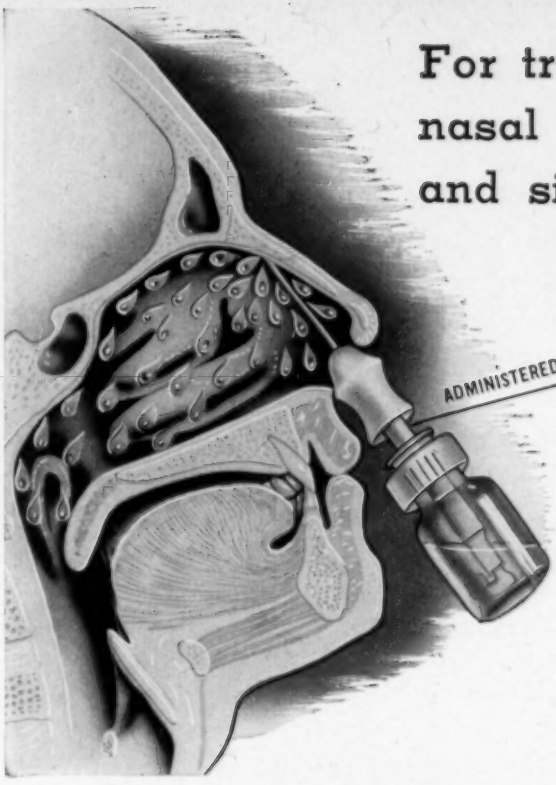

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PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME FORTY-FOUR *NUMBER SIX*

MONTREAL, JUNE, 1948

Come, Come Away

WHERE are you planning to spend your vacation this summer? For those nurses who are expecting to attend the biennial meeting of the Canadian Nurses' Association in Sackville, a tour through the Maritime provinces should be a "must," particularly for those who have never visited the many interesting and historic spots.

The last two issues of the *Journal* have carried word pictures depicting the human interest side of the story of New Brunswick, of Sackville and the surrounding area, of Mount Allison University. Here we are going to describe a few of the points of interest in all three of the Maritime provinces which you won't want to miss. For more detailed information, we suggest that you write immediately to the various governmental agencies which will supply guide books, maps, folders — a wealth of material. The addresses for these agencies are:

(a) New Brunswick Government Bureau of Information and Tourist Travel, Fredericton, N.B.; (b) Nova Scotia Bureau of Information, Department of Industry and Publicity, Halifax, N.S.; (c) Prince Edward Island Travel Bureau, Charlottetown, P.E.I.

We have drawn freely on the literature supplied by these official sources in the preparation of this article.

New Brunswick

Visitors who can luxuriate in their own cars will wander far afield but for everyone Moncton is within easy reach. There, only thirty miles from Sackville, "unusual aquatic antics are staged twice daily by the bizarre Bore of the Petitcodiac." Twice every twenty-four hours the Petitcodiac River stages a spectacular show the like of which cannot be seen anywhere else in the world. This thrilling exposition takes place when the great tidal wave or "Bore" sweeps up the river from the Bay of Fundy on each incoming tide. It is unique because the few other Bores in existence appear only at irregular times and tides. The Moncton Bore, the twice-daily

Moncton

The tidal bore coming in

arrival of which is always announced in local newspapers, has never yet failed to function as advertised.

This interesting natural phenomenon is a great tidal wave rising sometimes as high as six and seldom less than three feet. Fundy's shores curve and slant in such a way that the incoming tide is confined more and more, until at Moncton it takes the form of a tumultuous wave — the Tidal Bore. At the scheduled time, the onlooker gazes out over a wide and absolutely waterless channel, its bare mud bottom flanked by high red banks. Then suddenly there is a distant rumble, coming constantly closer, until a thin line of white foam is seen curving around the bend. Hundreds of seagulls appear, their screeching audible even as the rumble of the incoming water swells to a roar. Now a solid wall of water four or five feet in height heaves in sight, stretches from shore to shore, and rushes on to disappear up river as suddenly as it appeared. Within the incredibly short space of a moment or two, the Petitcodiac River has been filled almost to overflowing and large cargo boats, so lately lying motionless in the mud, are floating gracefully in more than thirty feet of water.

The Magnetic Hill

To experience another puzzling phenomenon, drive out seven miles from Moncton to Magnetic Hill. Here, motor cars appear to defy all laws of gravitation. A car parked at the bottom of this hill, with motor shut off and brakes released, will coast *back up the hill* under its own momentum. No gasoline is needed and if you wish to watch the complete operation, and walk by the side of the car, you will find yourself pretty well out of puff by the time the machine comes to a stop at the top of the incline!

This unique hill is the subject of much controversy, and amateur and expert opinions have been bandied about as to the puzzle of Magnetic Hill. None is a completely satisfactory explanation.

But while this phenomenon is difficult to explain it is a very simple matter to try out. The procedure is to drive your auto to the spot at the bottom of the hill indicated by a white post. Now shut off the motor, put

A covered bridge along a main highway

the gears in neutral, release the brakes — and wait results. Slowly, at first, and then gaining momentum, the machine climbs the hill, only coming to a stop through force of its own weight. It's an uncanny experience to say the least.

Among the chief glories of New Brunswick must surely be reckoned her many lordly rivers. In the early days they were the only highways. The St. John, for instance, provided a direct water route between Quebec, Acadia, and New England. Down it the Indians paddled to trade or to make war. During the days of the French regime it served to transport furs and hides and masts for the French navy. At its mouth is another natural curiosity you will want to see. The Reversing Falls have attracted great attention since the white man first came. Since the days of Champlain many explorers and writers have described them. The peculiarity of the Falls is that they reverse; part of the time the water rushes upwards, and part, downwards. Where they are situated, the river narrows to a width of 350 feet, the limestone banks being walls nearly 100 feet high, and the bed of the river consists of sharp rocky ledges. At low tide a mighty volume of water rushes downwards over these, forming a turbulent rapid. As the tide again rises (Saint John Harbor tides may reach nearly thirty feet) it meets the river current at the Falls, overcomes it, and rushes upwards over the Falls with great velocity. This struggle takes place twice in every twenty-four hours.

The bridge spanning the St. John River at Hartland, Carleton County, is alleged to be the longest covered bridge in the world. It measures 1,282 feet. The motorist who enjoys the dusky cool tunnel of the bridge yet does not wish to miss the view as he crosses the river should slow down to a speed of about twenty-five miles an hour which allows an almost unobstructed view of the river through the cracks in the side walls of the bridge.

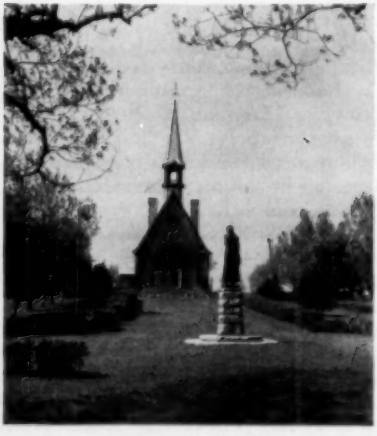
Space does not permit descriptions of the many beautiful lakes, of the sandy beaches, the various handi-

crafts. You will have to explore for yourself. In the meantime, let us go on to —

Nova Scotia

Historic lore abounds in Canada's most easterly province. We would love to tell you about the founding of Port Royal; about the first social club in America, "The Order of the Good Time," which Champlain organized; about Sir William Alexander who, in 1621, obtained from King James I a grant of Acadia, including Cape Breton and all country north to the St. Lawrence. But we are talking about places to go and things to see so you will have to delve into most of the history yourself.

Nova Scotia thrusts far out into the Atlantic like a long pier, nearer to Europe than any other part of the mainland of North America. It is famous for its picturesque coast line, its harbors dotted with islands, its beautiful valleys and orchards. It has a hundred miles of fine, sand beaches and comparatively warm bathing along the Northumberland Straits. There are white sand beaches and exhilarating surf bathing opportunities along the Atlantic Coast. Forty salmon streams, 314 trout streams and over five hundred trout lakes provide excellent fresh-water angling. The coastal waters boast of the world's best blue fin tuna and broadbill swordfish angling. There are no leased waters in Nova Scotia. Anyone with a fishing licence may fish anywhere.



In Evangeline land

If you are interested in museums, there are many which you may visit.

At Annapolis Royal the museum has been established in the Officers' Quarters erected by the Duke of Kent, father of Queen Victoria. The building originally consisted of thirty rooms, each with a fireplace and each having a fine view over Fort St. Anne and Annapolis Basin. The museum contains a Port Royal room, a Queen Anne room, a Garrison room, a Haliburton Hallway. The Acadian room was transferred bodily from an old Acadian homestead, with wall-boards and ceiling-beams intact. It contains utensils used in Acadian kitchens and many articles of clothing worn in Acadian days. The Garrison room has many of the weapons and uniforms in common use more than a century ago, as well as several interesting relics of the Great War.

At Grand Pré a replica of the original Acadian church houses one of the finest collections of Acadian relics existing today. The majority of these were actually used by the first settlers who had their homes in the Annapolis Valley, and a large proportion of the farming implements have been unearthed during the past century.

At Louisburg, a fine museum houses the many and varied relics that have been unearthed at the old fortifications during the process of reconstruction there. Many are items of historic importance, and a wide range of ancient garrison utensils is included.

Next year Halifax will celebrate its 200th birthday. Citadel Hill rises in the centre, 271 feet above the harbor. The rest of the city is draped over lesser hills, looking up to the squat, grey-walled citadel that was never attacked. The city occupies a peninsula, its shore line to the east forming the main harbor which, lying north and south six miles long and five broad, is one of the finest in the world. At the head of the harbor, Bedford Basin is entered through the Narrows. On the west lies the Northwest Arm,

a beautiful sheet of water, the rendezvous for all lovers of aquatic sports. To the south the eye looks upon the open Atlantic. Ships of all nations lie at the docks of Halifax.

Cape Breton — The Royal Island! The land of square dances and Gaelic songs, of milling frolics, spinning contests, misty glens; the realm of giants, shipwrecks, and eerie fireside tales.

A trip over the Cabot Trail holds joy for the fortunate car owners. From Margaree Harbor north to Cheticamp it skirts the brink of the sea cliffs and wanders through Acadian villages. Inhabitants here are of French descent; language, devoutness, and vivacity have been handed down from Norman ancestors. Rug-hooking, a native handicraft in Cheticamp, and many other Cape Breton communities, has been expanded during the past decade.

Above Cheticamp the Cabot Trail parallels the cliff-walled shore, then skims upward over wooded steeps to a high plateau. At the far end of this range of spruce-clad hills the road winds down to Pleasant Valley. It then veers inland over North Mountain, overlooking a billowing sea of evergreens until descending into Sunrise Valley, it affords some of the finest views of all Nova Scotian valleys. Then comes Neil Harbour, huddled starkly on bare rocks. Jagged granite parapets receive the agelong onslaught of the sea and there is a continuous fountain of flying spray. South now, the trail winds to the mountain-guarded double bay at Ingonish. The beach here is wide and sandy, with only a bar separating the surf from a fresh water pool. Here is Keltic Lodge, a gem among tourist accommodations. From Ingonish to the Trail's end at Baddeck the residents are mostly of Highland descent.

The only Gaelic College in America is at St. Ann on the road to Baddeck. The Gaelic Mod, an annual event in Cape Breton, is held here. Visitors are hugely entertained by old Gaelic songs handed down from Hebridean ancestors. They are thrilled by fiddlers who play jigs, reels, and pipe

Record size tuna fish

marches, the old-time square dances and sets of Scotch-eights. They like to purchase hand-knitted socks and sweaters, blankets woven on hand looms, hooked rugs — products of the long winter evenings and busy fingers.

You will not understand Nova Scotia fully until you have heard her songs sung in Gaelic and have watched Scottish dances in Cape Breton or at the annual Highland Games at Antigonish; until you have been aboard a Lunenburg fishing schooner and talked with the crew; until you have watched an Acadian procession on a Sunday morning or attended the Apple Blossom Carnival in the apple land.

Prince Edward Island

There are several ways of reaching the Island. You may fly from Moncton to Charlottetown; or take the ferry from Cape Tormentine, on the New Brunswick side of the Strait of Northumberland, to Port Borden; or

At Keltic Lodge

Primitive transportation

another ferry from Caribou, near Pictou, Nova Scotia, to Wood Island, P.E.I.

As we are visitors from the mainland, and are planning to see as much of the Island as time will permit, an excellent plan is to sit down for a while with a large-scale map, and get a general picture of this tiny province.

The north coast facing the Gulf is, for the most part, a succession of smooth sand beaches, broken every so often by a bay, each with an alluring name — Cascumpeque, Malpeque, Rustico, Tracadie, Savage Harbour, St. Peter's Bay, Surveyor's Inlet. The south coast is more rugged, and its bays more numerous and irregular. In some cases the north and south bays approach so nearly — as in the case of Malpeque and Bedeque, Bedford and Hillsborough — that only a comparatively narrow neck of land separates them. Of the beaches, the better known on the north shore are Cavendish, Brackley, Stanhope, and Dalvay, and on the south shore, Souris and Keppoch.

In our rambling journey around the inner coast between Malpeque and Tracadie, we find Cavendish, the "Anne of Green Gables" country. Cavendish has a particularly fine beach, with surf bathing; a first-class 18-hole golf course, combining the attractions of an inland course in perfect rolling country, and a seaside course among the sand dunes with the sea as a background; as well as the romantic atmosphere of a picturesque countryside associated with the always popular tales about Anne of Green Gables.

Charlottetown is not a large city; probably, as towns go, it is not even a large town; but these things are relative. It is by far the largest community in Prince Edward Island; it is the capital of the province; and, as such, it is a place of which the Islanders have every reason to be proud. Its public buildings are dignified and adequate; its streets and squares conveniently laid out and well-shaped; and its people courteous, friendly and self-respecting. The Island and its inhabitants enjoy the distinction — and it is one to be envied by others and prized by themselves — of possessing neither great wealth nor real poverty. The slums that disfigure so many communities in other provinces and other countries are unknown on the Island.

Today, the Island is the home of an enterprising and self-reliant people, and the summer playground of thousands of other Canadians. The true Islander is never completely happy away from his Island. And the rest of us are with him a hundred per cent in July and August!

All photos courtesy of New Brunswick and Nova Scotia Bureaux of Information.

Acute Rhinitis

In acute rhinitis, temporary vasoconstriction of vessels is followed by vasodilation. Polymorphonuclear leukocytes at first lag along the vessel wall, then cling to the wall and by diapedesis many pass through the wall and appear in tissue spaces. As the defense mechanism of the tissue becomes active, wandering tissue cells migrate to the source of irritation. With slowing of the blood stream, blood plasma escapes by transudation into the tissue spaces. The cavernous spaces are dilated and temporarily lose power to contract. With excessive blood supply to the glands there occurs excessive stimulation of glands with consequent excessive amount of secretion.

In other words, you either have a cold in the head or hay fever has struck you!

Reports for the Biennial Period, 1946-48

THE following reports have been prepared by the various officers, chairmen, and conveners of committees of the Canadian Nurses' Association for presentation at the Biennial Meeting, June 28-July 1, 1948.

Heretofore, these reports have been printed in the *Journal* following their reception at the Biennial Meetings. However, in order to acquaint as wide a group of nurses as possible with the activities being carried on through the Canadian Nurses' Association and, in particular, to provide an opportunity for those nurses planning to attend the convention to read carefully and become thoroughly familiar with all of these matters before going to Sackville, these reports are presented. They have not yet been given to the Executive Committee so, therefore, must be accepted as tentative.

In recent years, our National Office has prepared folios of the reports which are distributed at the time of registration at the Biennial Meeting. No folios are to be provided this year.

BRING THIS COPY WITH YOU!

The autumn, 1948, issues of the *Journal* will include the addresses given at the convention, the findings and reports of the various workshops, and all business relevant to association activities. *These* reports will *not* be reprinted.

Report of the General Secretary

THE FOLLOWING report constitutes a review of the activities at National Office and of the secretarial staff since the last general meeting of the Canadian Nurses' Association in June, 1946.

While routine organization work has been carried on as usual and emergency responsibilities have been recognized and met under the direction of the Executive Committee, the C.N.A.— as an organization, and in common with many other organizations — is still undergoing a period of readjustment following the wartime activities.

Membership: The total membership of the C.N.A. reported to National Office as of December 31, 1946, was 23,727; as of December 31, 1947, 25,766.

It would be of interest and value to have the membership classified according to types of work in which the members are engaged. Steps will be taken to secure this information, if possible, during the next biennium.

Changes in personnel: The Federal Grant for nursing, administered by the C.N.A. from 1942-48, was considerably reduced in amount from 1945 to 1948 National Office received a very small portion of the continuing grant for administrative purposes. It was, therefore, necessary to reduce the professional secretarial staff of National Office by one member. Miss E. A. E. MacLennan, assistant secretary, resigned in August, 1946, to become assistant professor of nursing at McGill University School for Graduate Nurses.

Professional staff:

Miss Gertrude M. Hall — General secretary-treasurer.
Miss Winnifred Cooke — Assistant secretary.
Miss Muriel Archibald — Statistical worker and bookkeeper.

Clerical staff:

Miss M. Whitman	— Secretary
Mrs. Marie Berubé	— Stenographer (bilingual).

During the past two years an additional clerical worker has been employed temporarily, when necessary, to assist with typing and mimeographing material.

Office equipment: The following office equipment was purchased in 1947: one typewriter (a replacement); one adding machine (used); one large work-table; one filing cabinet. Shelving was added to the store-room.

National Office activities: Correspondence during 1946-48 related chiefly to the following:

1. Requests for information from Federal Government departments concerning: nurses from Displaced Persons camps; statistical reports re supply and demand for nurses; student recruitment; salary schedules for nurses; registration requirements; exchange of nurses from Great Britain; income tax exemption for married nurses, etc.

2. Requests for information and pamphlets on nursing from applicants for schools of nursing.

3. Requests for information and pamphlets on available post-graduate courses.

4. Requests for information on nursing opportunities in Canada; registration requirements, etc., from nurses all over the world, chiefly from the United Kingdom. Requests for information concerning reciprocal registration in Canada were received from 421 nurses, representing fifteen different countries.

5. Requests for information regarding personnel practices, salary schedules, etc.

6. Requests for information regarding collective bargaining.

7. Requests from universities, hospitals, and schools of nursing regarding personnel for executive, administrative, and teaching positions.

8. Requests for information concerning laboratory technologists and courses in mothercraft.

Publications issued during 1946-48:

(a) "The Canadian Nurses' Association is Your Association" was published in November, 1946, and has been widely distributed.

(b) "Opportunities Offered to Graduate Nurses in Universities and Hospitals in Canada."

(c) Three career pamphlets containing information on the following specialties were prepared in 1946: "General Staff Nursing — an Opportunity for Service"; "Psychiatric Nursing — a Growing Field"; "Tuberculosis Nursing — a Challenge."

(d) How to Choose a School of Nursing (revised).

Recruitment pamphlets include: "What You Want to Know About Nursing"; "How to Choose a School of Nursing," containing a list of recommended schools of nursing; "Have You Got What it Takes to be a Nurse?"

At a recent meeting of the Executive Committee it was decided that provincial nurses' associations should pay the cost price, plus handling charges, for all pamphlets. The price will be *ten cents each*, with the exception of "The Canadian Nurses' Association is Your Association" and "What You Want to Know About Nursing." These are listed at *fifteen cents each*.

Student recruitment pamphlets were distributed, upon requests received from every province in Canada as well as the United States, United Kingdom, and others, to a total of one thousand individuals.

General publicity material, including student recruitment pamphlets which have been mailed to individuals and provincial nurses' associations, as well as to Vocational Guidance departments in high schools, libraries, etc., totals 29,482 pieces.

Four hundred and twenty-seven copies of "A Proposed Curriculum for Schools of Nursing in Canada" and "A Supplement to a Proposed Curriculum for Schools of Nursing in Canada" were sold.

Press clipping service — publicity: An average of 560 press clippings is received each month. Excerpts from these clippings are mimeographed each month and sent to provincial nurses' associations; a total of 3,745 copies of these extracts has been mailed to the provinces since April, 1947. The provincial secretaries have commented most favorably upon the value of this service.

Reference folders on certain subjects have been assembled as a means of facilitating the work connected with

collecting and distributing information. Reference folders have been prepared, with all pertinent data, for use on the following subjects: personnel practices; collective bargaining; registration; statistical information concerning nursing in Canada.

Visitors from foreign countries: Preceding and following the International Council of Nurses Congress held in Atlantic City in May, 1947, visitors from all parts of the world came to Canada; Toronto and Montreal were the focal points on this occasion. The secretarial staff at National Office arranged programs of observation and hospitality on behalf of the majority of the visitors to Montreal.

Requests continue to be received from nursing organizations in the United Kingdom, Europe, and the Orient for planned programs of observation for nurses visiting Canada and taking special courses here.

Relief parcels: Numerous parcels of clothing have been received from the nurses of Canada and forwarded by National Office staff to the nurses of Greece. Copies of the Proposed Curriculum and Supplement have been sent to nurses in Austria and Greece.

Statistical service: Miss M. Archibald, a graduate of the Toronto General Hospital and holding a certificate in teaching and supervision, was appointed *statistical worker* on January 1, 1948. Miss Archibald has received some special preparation for this work and is combining the bookkeeping duties with the statistical work. It is hoped in time to carry on a more extensive program which will include various statistical studies of interest and value, concerning nurses and nursing.

In order to obtain up-to-date facts and figures (also requested by Federal Departments in Ottawa), *questionnaires* were prepared on the following topics: (1) student nurse shortage; (2) number of student withdrawals, reasons, etc.; (3) graduate staff shortage; (4) number of schools training auxiliary workers — type of course being given — number of classes admitted yearly — number of students enrolled — salaries paid — hours of duty; (5) enrolment in university schools of nursing for basic course only; (6) a spot survey of twenty-six selected hospitals in Canada was made in January, 1947, to determine the percentages of various types of nursing service personnel in hospitals; (7) annual statistical reports to determine student enrolment in the 170 schools of nursing.

In August, 1946, the Research Division of the Department of National Health requested a report from the Canadian Nurses' Association concerning *supply and demand for nursing*, for a study being made by an Interdepartmental Advisory Committee on professionally-trained persons. The material for this report was assembled, but due to the urgency for the report and the fact that the general secretary was due to attend international meetings in Great Britain at that time, Miss E. Johns was asked to prepare and write the report. The following comment in reference to the final report was received from the Chief of the Department of Vital Statistics, Ottawa: "We are all very much impressed by the quality of your report; it seems to me to be an admirable piece of work, comprehensive and concise and written with a cogency that is all too rare."

National activities: During the past biennium there have been very few changes in provincial registrars. The staff in National Office appreciates the co-operation of the registrars.

A very successful *Registrars' Conference* was held in Calgary, December 2-3, 1947, immediately preceding the executive meeting. The discussion centred around the following: (a) Dominion examinations; (b) reciprocal registration; (c) provincial views on third-year Dominion examinations; (d) standardization of reciprocal registration forms; (e) academic requirements for entrance to schools of nursing and for post-graduate courses; (f) duplication of affiliation fees in returns to the C.N.A.; (g) wastage rate of student nurses.

The Executive Committee has now proposed that a Registrars' Conference shall be held annually.

Reports of national *standing and special committees* are included in this issue of the *Journal* and give a comprehensive picture of the activities of the C.N.A. Three new committees were appointed at the Executive Committee meeting in March, 1948: a committee on Finance, under the chairmanship of Miss E. Cryderman; a committee on Public Relations, under the chairmanship of Miss H. McArthur; a committee to outline the presently accepted functions of the Public Health Nurse, under the chairmanship of Miss M. Nash.

National Office secretarial staff serve as secretaries on the following committees:

Loan and Bursary, British Nurses' Relief Fund, Canadian Florence Nightingale Memorial, Constitution, By-laws and Legislation, Joint Committee — Canadian Hospital Council and Canadian Nurses' Association, Exchange of Nurses, Nominating, National Publicity Committee.

This has required research and preparation for meetings, as well as developing projects outlined by some of these committees.

National Office secretarial staff are members of the following committees:

Committee on Educational Policy, and Administration Committee, Demonstration School, Labor Relations, War Memorial, Student Nurse Activities.

The general secretary is a member of the following:

Committee on Health Insurance, C.N.A.; Advisory Committee, Victorian Order of Nurses for Canada, Montreal Branch; National Advisory Committee, Victorian Order of Nurses for Canada, Ottawa; National Advisory Nursing Committee, the Canadian Red Cross Society; Advisory Committee, Committee of Management, Association of Nurses of the Province of Quebec; Chairman, Ways and Means Committee, International Council of Nurses.

Incorporation of Canadian Nurses' Association: Much time was devoted by the general secretary to the details concerned with incorporation of the C.N.A., including numerous interviews with representatives and members of the Federal Government, to interpret the functions of the C.N.A. and to secure their support of the Bill for incorporation.

Field work of members of National Office: A detailed account of field work rendered by National Office secretaries for 1946-48 is as follows:

G. M. HALL, *general secretary:*

1946

1. Accompanied president of C.N.A. to meetings of Board of Directors, International Council of Nurses, London, England, September 3-5.

Represented Canadian Florence Nightingale Memorial Committee at meetings of Grand Council, Florence Nightingale International Foundation, London, England, September 11-13.

2. Visits of observation to hospitals and Queen's Nurses Institute in Britain from September 15 to October 8.

3. Visits of observation to hospitals in Holland, September 20-30.

Reports of these visits have been submitted to all provincial nurses' associations.

1947

4. Accompanied president of C.N.A. and attended meetings of Board of Directors, International Council of Nurses, Washington, D.C., May 5-6.

Attended as a delegate meetings of the Grand Council, I.C.N., Washington, D.C., May 7-9.

Attended I.C.N. Congress, Atlantic City, N.J., May 11 - 16.

5. Attended annual meeting, Association of Nurses of the Province of Quebec, May, 1947.

6. Attended and participated in the institute for Registry Personnel held at Hamilton, Ont., June 9-11.

7. Attended as a member of the National Nursing Committee, meeting of National Committee and provincial representatives of the Canadian Red Cross Society, Toronto, September 25.

8. Attended and participated in all provincial hospital association meetings, with the exception of Ontario and Manitoba, the meeting of the Canadian Hospital Council and Catholic Hospital Council of Canada.

For the information of the general membership, the following is a brief summary of impressions received concerning prevailing trends in the fields of hospital activity and nursing from these meetings:

(a) The necessity of placing hospital finances on a sound basis. On almost every program the following items appeared and were discussed at great length: Capital costs — how can they be met? Operating costs — cost of indigent care — cost of out-patient care — care of Indians and care of D.V.A. patients. The methods of payment: flat rate, medicines — included or otherwise, actual costs, and points of credit. Have all sources of revenue been adequately explored?

Health insurance was discussed with respect to these matters: Voluntary hospital and medical plans; state-sponsored plans. Was the future of the voluntary hospital good? Hospital care for rural areas — what types of facilities are needed? How can the best results be obtained?

The care of the chronically ill, hospital construction, how and where to build, what type of construction, and are buildings too elaborate?

(b) There is an acute awareness of the necessity of establishing within hospitals clear-cut personnel policies and programs. Excellent papers on the topic of personnel relationships were provided and very lively discussion followed the presentation of this topic.

(c) An acute awareness of the necessity of working toward the establishment of improved public relations between hospitals and the communities which they serve.

(d) A genuine perplexity regarding the breadth of complex problems associated with the supplying of necessary service to hospitals. In this connection there was evidence of a growing feeling among hospital administrators that not only certain hospitals (the present 169 schools of nursing) but all institutions and agencies requiring nursing service should share the responsibility of preparing nurses.

The general secretary was deeply concerned at the apparent lack of understanding of the motives and aims of organized nursing. It was suggested that the C.N.A. should give consideration to the establishment of a public relations committee, composed of representatives from the fields of education, business, industry, and the members of the community at large. The deliberations of such a committee would afford an opportunity for frank and friendly discussion of any action or attitude on the part of organized nursing which might lead to public resentment or public misunderstanding unless the underlying methods were clearly defined and interpreted.

9. Attended and addressed: Instructors' Group, Edmonton, Alta. Meetings arranged by three districts in British Columbia — Kamloops, Okanagan, Fraser Valley, Greater Vancouver and Victoria Chapter, Victoria, B.C., October.

Fall meeting of the Registered Nurses' Association of British Columbia Council.

Addressed student nurses at University of British Columbia.

1948

10. Attended and addressed Department of Veterans Affairs Matrons' Conference in Ottawa, March.

11. Attended Registered Nurses Association of Ontario annual meeting, Toronto, April 22-23.

12. Attended and addressed Association of Nurses of the Province of Quebec annual meeting, May 26-28.

W. COOKE, *assistant secretary:*

1946

1. Attended the American Nurses' Association biennial meeting, Atlantic City, and brought greetings from the C.N.A., September.

2. Attended annual meeting of Registered Nurses Association of Ontario, October.

1947

3. Attended annual meeting of the Association of Nurses of the Province of Quebec, May.

4. Attended and addressed annual meeting of the New Brunswick Association of Registered Nurses, Saint John, September 17-18.

5. Attended annual meeting, Ontario Hospital Association, Toronto, November 3-5.

Executive meetings and Registrars' Conference: The staff at National Office has cared for work involved in preparation for and follow-up resulting from Executive Committee meetings which have been held in the following centres:

December 5-7, 1946, Calgary, Alta.; April 28-30, 1947, Montreal, Que.; December 3-4, 1947, Registrars' Conference, Calgary, Alta.; December 5-6, 1947, Calgary, Alta., March 18-20, 1948, Winnipeg, Man.; June 24-26, 1948, Sackville, N.B.

Pre-convention work involved in preparation for the 1948 biennial convention to be held in Sackville, N.B., included detailed preparation for nine workshops. Miss M. Nash, formerly educational director, Victorian Order of Nurses, Montreal Branch, joined

National Office staff on a part-time basis in January, 1948, to assist in the preparation of the workshop programs. Miss Nash has given invaluable service in this work.

The Canadian Nurses' Association was represented at the following:

Canadian Council for Reconstruction through UNESCO — two conferences; Canadian Scientific Film Association — three meetings (Ottawa); Canadian Rheumatism and Arthritis Society — two conferences; National Council of Women — annual meeting, Regina, Sask.; Canadian Consumers' Association — two conferences; representations to Department of National Health and Welfare and Dominion Council of Health.

Representations to Federal Government: The president, Miss R. Chittick, and the general secretary presented a memorandum on July 16, 1946, in person, to the Hon. Brooke Claxton, then Minister of National Health and Welfare, and to the Deputy Minister, requesting permission to use the unexpended balance of the Federal Grant as at April 30, 1946, for the following purposes:

1. A survey of nursing needs to determine the character and preparation of the personnel necessary to provide satisfactory nursing service to the public.

2. The recruitment of student nurses through co-operation with the provincial vocational guidance counsellors, in both high schools and colleges.

3. An analysis of the school population to discover what proportion of students will qualify and who will be willing to enter schools of nursing.

4. The training, supervision, and licensing of subsidiary nursing groups, such as nurses' aides and home helpers.

5. To establish a training centre or centres for the preparation of public health nurses, in order to provide midwifery service in outlying districts where medical services are not available.

6. To initiate a demonstration to determine if nurses may be prepared satisfactorily in less than a three-year period.

7. It would seem obvious from the above that there is a need for national co-ordination, which would require additional staff in a centre such as the National Office of the C.N.A.

At the suggestion of the Minister, copies of the memorandum were sent to the Prime Minister, the Minister of Finance, and the Minister of Veterans Affairs. Subsequently, representations concerning the same request were made by Miss E. Cryderman, first vice-president, and the general secretary, to the Dominion Council of Health. No action was taken by either the Minister of Health or the Dominion Council.

In February, 1947, representatives of the Joint Committee, C.N.A. and Canadian Hospital Council, submitted a memorandum to the Hon. Paul Martin, then Minister of National Health and Welfare, and to the Deputy Minister, requesting financial assistance to initiate a national survey of nursing in Canada. The delegation was again referred to the Dominion Council of Health.

On the authority of the president of the C.N.A., Miss E. Johns was asked to prepare a memorandum on the nursing situation in Canada outlining the reasons for the proposed study of the nursing situation and setting forth the possible outcomes of such a study. Copies of this memorandum were submitted to the provincial nurses' associations with the suggestion that the material be placed in the hands of each provincial Deputy Minister of Health before he attended the meeting of the Dominion Council of Health in October, 1947. The Canadian Hospital Council sent a firm resolution urging support of the request. No positive action was taken by the Dominion Council of Health.

In closing this report the members of the Canadian Nurses' Association National Office staff wish to express their sincere appreciation to the president, Executive Committee, and to the members of the C.N.A., for the support received from them during the past biennium.

To my co-workers in National Office who render loyal and efficient service at all times — sometimes in periods of great pressure and strain — a very special word of appreciation is extended.

GERTRUDE M. HALL
General Secretary

Report of Treasurer — Biennial Period, 1946-1948

THE REVISED Constitution and By-laws of the Canadian Nurses' Association did not provide for the office of an honorary treasurer; for this reason, it was necessary for the Executive Committee in meeting April 28, 1947, to officially name the general secretary as general secretary-treasurer.

Herewith is a summarized statement of Revenue and Expenditures for the years 1946 and 1947 as taken from the auditor's report.

According to By-law IV, Section 5, the treasurer shall prepare a budget of the estimated expenses of the association for the succeeding two years, counting from the date of the next general meeting, for submission to each general meeting.

The Executive Committee, C.N.A., in meeting March 18-20, 1948, adopted the following motion:

That decision as to increasing the Canadian Nurses' Association membership fee be deferred until the matter of finance as related to the entire needs of the Canadian Nurses' Association has been considered.

The general secretary-treasurer was instructed to draw up a proposed budget for presentation at the next executive meeting, covering general expense requirements and the financing of contemplated new projects, on a percentage of total budget as well as on a cost basis.

A Finance Committee was considered to be now desirable, to work with the general secretary-treasurer, resulting in the following motion:

That a special committee on finance be appointed and that the By-laws of the Canadian Nurses' Association be amended to make this committee a national committee of the association.

Miss Ethel Cryderman was appointed chairman of a special committee on finance of the C.N.A.

At the time of writing this report the proposed budget was not ready for publication but will be submitted to the Executive Committee, C.N.A., in meeting June 24-26, 1948, and to the general meeting June 28-July 1, 1948.

Reinvestment National Memorial Fund: Upon authorization by the Executive Committee, C.N.A., an investment was made during the year for the National Memorial Fund, the cost of said investment being $371.25. The balance at credit of the fund at December 31, 1946, amounted to $306.23. The fund has been charged with $305; the balance of $66.25 has been charged as an expense against the year's operations.

Reinvestment Mary Agnes Snively Memorial Fund: The bond, Mary Agnes Snively Memorial Fund, was called in November, 1947. Therefore, the following motion was passed at the executive meeting, December, 1947:

That the reinvestment of the Mary Agnes Snively Memorial Fund be left to the president and the general secretary.

After consultation with the president, C.N.A., eighty shares Bank of Montreal Capital Stock were purchased at $26.50 a share, plus thirty cents a share brokerage or a total amount of $2,144.

Affiliation fees, International Council of Nurses: In July, 1947, Miss Höjer, the president of the International Council of Nurses, requested the Canadian Nurses' Association to forward accumulated affiliation fees to the International Council of Nurses' headquarters in New York. After a great deal of difficulty, the Foreign Exchange Control Board gave permission for the transfer of $13,917.29 to the I.C.N. in New York.

In September, 1947, a further transfer of $983.33 was sent directly to the treasurer of the I.C.N. in London, Eng. This amount completed all affiliation fees, plus interest and premium on sale of bonds, owing to the I.C.N. till December 31, 1947. I.C.N. affiliation fees may either be paid semi-annually or annually.

Affiliation fees — Canadian Nurses' Association: In order to comply with By-law I, Section 2, "Membership Fees," under the revised Constitution and By-laws of the Canadian Nurses' Association, and upon advice of the auditor, the following procedure is now effective:

An annual membership fee of $1.00 per member shall be collected by the provincial association to which each nurse belongs and shall be remitted to this association by the said provincial association on March 31, June 30, September 30, or December 31 following the date of collection as the case may be.

The membership fees paid in 1946 were based on the membership at December 31, 1945, whereas under the revised By-laws the fees which were payable quarterly in 1947 were based on the membership for the respective periods in that year. It was necessary, therefore, to adjust the fees for 1946 to the basis of the 1946 membership. For example, if there was an increase in the membership of the provincial association at December 31, 1946, over that of December 31, 1945, an adjustment in membership fees was necessary at the rate of $1.00 per member for that difference. A refund was made by the C.N.A. at the same rate for any decrease in membership.

According to the auditor, this adjustment of fees was to be made in the month of January, 1947. The first instalment of the 1947 membership fees was payable April 1, based on the membership at March 31, 1947.

GERTRUDE M. HALL, *Treasurer*

STATEMENT OF REVENUE AND EXPENDITURE

YEAR ENDED DECEMBER 31, 1946

REVENUE			
Affiliation fees — 1946		$21,998.31	
Affiliation fees — 1947		1,698.00	
			$23,696.31
Interest			
On bonds		$ 553.50	
On savings accounts		146.54	
			700.04
Curriculum and supplement			548.53
Histories, surveys, and miscellaneous receipts			273.63
			$25,218.51
EXPENDITURES			
Salaries, inc. Unemployment Insurance		$ 9,909.91	
Stenographic assistance		59.40	
Rent and taxes		1,162.80	
Insurance		53.93	
Telephone		394.54	
Light		23.76	
Audit		72.50	
Legal expenses, inc. revision of Constitution, By-laws, etc.		1,537.97	
Travelling expenses			
Executive	$2,028.87		
General	389.09		
	$2,417.96		
London — International Council of Nurses meetings	$2,503.75		
Less recovered from Canadian Red Cross	729.80		
	$1,773.95	4,191.91	
Affiliation fees — International Council of Nurses — 1945 (unpaid)		1,894.80	
Postage and excise stamps		479.88	
Grants			
General Nursing Section	126.71		
Public Health Section	185.23		
Hospital and School of Nursing Section	33.35		
	$ 345.29		
Less refund from General Nursing Section	74.36		
		270.93	

Stationery		268.06	
Office supplies		442.28	
General expenses, inc. subscriptions to periodicals, etc.		220.54	
Stencils and mimeographing supplies		255.53	
Advertising — Official Directory		150.00	
Telegrams		93.89	
Executive Committee expenses, inc. entertainment		264.13	
Bank exchange		12.46	
Express charges		137.26	
Taxis and carfares		84.68	
Empire War Memorial contribution		100.00	
Expenses re administration of Government Grant — not recovered		64.39	
Printing, etc.			
Curricula	$ 1,127.70		
C.N.A. pamphlet ($669.18 unpaid)	843.64		
Revised constitution	52.95		
		2,024.29	
Press clippings		259.48	
Honorarium to Miss Johns — re preparation of report on nursing service in Canada for Dominion Government		500.00	
Library		141.46	
Excess of expenditure over income re biennial meeting		1,418.28	
			$26,489.06
Deficit for the year			$ 1,270.55

STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year Ended December 31, 1946

Receipts			
Cash in bank — January 1, 1946			
Royal Bank of Canada			
Savings account	$10,899.79		
Current account	677.79		
Savings account — loans	5,839.54		
		$17,417.12	
Cash on hand		20.00	
		$17,437.12	
Less fees due to International Council of Nurses as at December 31, 1945		1,752.48	
			$15,684.64
Receipts for the year ended December 31, 1946, as per Statement of Revenue and Expenditure			25,218.51
Loans repaid			1,699.50
			$42,602.65
Disbursements			
Expenses for the year ended December 31, 1946, as per Statement of Revenue and Expenditure			26,489.06
Furnishings — purchased			219.45
Loans granted			1,900.00
Cash in bank — December 31, 1946			
Royal Bank of Canada			
Savings account	$10,471.44		
Current account	178.26		
Savings account — loans	5,888.42		
		16,538.12	
Cash on hand		20.00	
		16,558.12	
Less fees due to International Council of Nurses as at December 31, 1946	1,894.80		
Accounts due and unpaid	669.18		
		2,563.98	
			13,994.14
			$42,602.65

STATEMENT OF REVENUE AND EXPENDITURE

YEAR ENDED DECEMBER 31, 1947

REVENUE		
Affiliation fees — Schedule "A"		$26,211.00
Interest		
On bonds	$ 558.75	
On savings account	55.54	
		614.29
Curriculum and supplement		536.73
Grant from Department of National Health and Welfare		8,750.00
Miscellaneous receipts		92.13
		$36,204.15
EXPENDITURES		
Salaries, inc. Unemployment Insurance	$11,439.43	
Stenographic assistance	148.35	
Rent and taxes	1,629.10	
Insurance	53.06	
Telephone	471.01	
Light	17.85	
Audit	137.50	
Legal expenses, inc. Incorporation fees, etc.	2,599.67	
Travelling expenses		
Executive	$6,032.67	
General	1,172.73	
	7,205.40	
Affiliation fees — International Council of Nurses	1,898.16	
Postage and excise stamps	465.61	
Grants		
Committee on Institutional Nursing	$ 150.00	
Committee on Private Duty Nursing	150.00	
Committee on Public Health Nursing	150.00	
	450.00	
Stationery	517.09	
Office supplies	1,173.73	
Printing	127.61	
Multigraphing and stencils	322.67	
Advertising — Official Directory	150.00	
Telegrams	92.55	
Bank exchange	22.48	
Express charges	57.44	
Taxis and car fares	53.23	
Contribution to National Memorial Fund—re purchase of shares	66.25	
Press clippings	373.09	
Library	153.78	
Publicity	85.25	
International Council of Nurses annual allowance re travelling expenses	250.00	
Repairs	32.10	
Donations and gratuities	30.00	
Executive Committee expenses, inc. entertainment of British and International visitors	429.56	
Rental, etc., re meetings	79.28	
Bursary	253.00	
Miscellaneous expenses, inc. subscriptions for periodicals, etc.	140.62	
Refund of affiliation fees — 1946		
Manitoba	$ 6.00	
Ontario	1,178.00	
	1,184.00	
		$32,108.87
Surplus for the year		$ 4,095.28

STATEMENT OF RECEIPTS AND DISBURSEMENTS

YEAR ENDED DECEMBER 31, 1947

RECEIPTS			
Cash in bank — January 1, 1947			
Royal Bank of Canada			
Savings account	$10,471.44		
Current account	178.26		
Savings account — loans	5,888.42		
		$16,538.12	
Cash on hand		20.00	
		16,558.12	
Less fees due to International Council of Nurses	1,894.80		
Accounts due and unpaid	669.18		
		2,563.98	
			$13,994.14
Revenue for the year ended December 31, 1947, as per Statement of Revenue and Expenditure		36,204.15	
Less fees unpaid		1,806.00	
			34,398.15
Loans repaid			1,892.97
Furnishings sold			50.00
			$50,335.26
DISBURSEMENTS			
Expenses for the year ended December 31, 1947, as per Statement of Revenue and Expenditure			32,108.87
Loans granted			2,500.00
Advance — re biennial meeting			500.00
Advance — re National Memorial			4.15
Cash in bank			
Royal Bank of Canada			
Savings account	10,025.27		
Current account	119.78		
Savings account — loans	5,057.19		
		15,202.24	
Cash on hand		20.00	
			15,222.24
			$50,335.26

International Congress on Mental Health

The third world meeting to discuss mental health is to be held in London, Eng., August 11-21, 1948. The previous world meetings took place in Washington, D.C., in 1930 and in Paris in 1937. The Congress concerns all those who are interested in medical, sociological, and educational matters.

The Congress is being held at this time in response to the urgent requests of those from the war-damaged countries, who are anxious to renew their scientific contacts disrupted by the war.

The morning sessions of August 12-15 will be devoted to child psychiatry; the afternoon sessions of the same dates to medical psychotherapy. The sessions, both morning and afternoon, of August 16-21 will be given over to mental hygiene, especially the individual's problems arising in his relations in various groups such as the family, industry, war-time and peace-time groups, and various cultural groups.

Any members of the Canadian Nurses' Association who plan to be in Britain at or around this time are included in the general invitation extended to the association to be present. It should prove a very interesting and gratifying experience.

Someone is always doing the impossible, a most interesting proceeding. The many find reasons for not doing; the few, and great, creators find ways of doing.

— CHARBUROUGH, 16 B.C.

Federal Government Grant for Nursing

During the past biennium, the Canadian Nurses' Association received a Federal Grant to cover commitments to students in schools of nursing who were actually in training during the period from August, 15 1945, to August 15, 1948. Seven provincial nurses' associations submitted budgets covering commitments to schools of nursing for this period.

An acknowledgement of this request has been received and the Deputy Minister of National Health stated that he has recommended for the fiscal year 1948-49 the sum of $9,718.40. Although it was stated that no assurance could be given that the recommendation would be approved, there was every reason to believe that it would receive approval.

GERTRUDE M. HALL, *Treasurer.*

Amount requested and received from Federal Government for period April 1, 1946 — March 31, 1947		$51,651.20
Allocated to provincial nurses' associations:		
British Columbia	$10,795.20	
New Brunswick	1,500.00	
Nova Scotia	3,000.00	
Ontario	16,800.00	
Prince Edward Island	756.00	
Quebec	12,000.00	
Saskatchewan	6,800.00	
		$51,651.20

Amount requested and received from Federal Government for period April 1, 1947 — March 31, 1948		$46,525.00
Allocated to provincial nurses' associations:		
British Columbia	$ 7,196.80	
New Brunswick ($150.20 of this amount covered period April 1, 1948— Aug. 15, 1948)	1,000.20	
Nova Scotia	3,000.00	
Ontario	9,400.00	
Prince Edward Island	378.00	
Quebec	10,000.00	
Saskatchewan	6,800.00	
	$37,775.00	
National Office administration for period April 1, 1946—March 31, 1948	8,750.00	
		$46,525.00

Amount requested from Federal Government on Feb. 12, 1948, for period April 1 — Aug. 15, 1948		$ 9,718.40
Allocation to provincial nurses' associations if and when the above amount is received:		
British Columbia	$ 1,349.40	
Nova Scotia	1,125.00	
Ontario	950.00	
Quebec	3,000.00	
Saskatchewan	2,200.00	
	8,624.40	
National Office administration	1,094.00	
		$ 9,718.40

The Canadian Nurse Journal

Circulation: The objective of ten thousand paid subscribers was reached and passed in June, 1947. Despite periodic fluctuations, the present total remains fairly constant, indicative of the sustained interest of the nurses of Canada in their own professional journal. Circulation figures are published frequently in the *Journal* to maintain a competitive spirit.

During this biennium, promotion visits were made to each province with very gratifying returns in both subscriptions and interest expressed in terms of manuscripts for publication.

Editorial content: The high level of editorial content, which has long marked *The Canadian Nurse* as an outstanding scientific, professional journal, has been maintained through the active co-operation of a host of authors. The article contests, sponsored by the *Journal*, produced some valuable material though the number of entries was disappointing.

Since June, 1946, a translation of the Notes from National Office in French has been a regular feature in addition to the articles appearing on the special page, "Aux Infirmières Canadiennes-Françaises." Miss Suzanne Giroux has given invaluable assistance in preparing the translations.

A statistical analysis of the editorial content has been made each year and distributed to the provincial nurses' associations and their chapters, alumnae associations, and to some individual nurses.

Index: Commencing with the 1946 Index, a limited number of copies has been printed each year. These have been distributed to the schools of nursing in our hospitals and universities, to libraries, to the provincial nurses' associations, and upon request. This policy has meant a considerable financial saving to the *Journal*.

Quarterly questions: Realizing that the *Journal* is of greater value to the nurses of Canada if it is read and discussed, series of questions based on the information contained in the various articles, reports, etc., are prepared at quarterly intervals. These are distributed quite widely to the schools of nursing in Canada and to a sprinkling of local nurses' organizations. It is hoped that additional groups will take advantage of this means of broadening their perspective in nursing.

History of The Canadian Nurse: A brief mimeographed story of the founding and subsequent development of the *Journal* has been widely distributed. Copies are available on request. Since *The Canadian Nurse* is the official organ of the nurses of Canada, each of them should be aware of its history, aims, and program.

Financial picture: The sharp increases, not only in costs of printing and producing the *Journal* but in every detail of business management, are characteristic of the rising costs which have confronted businesses and individuals alike in the past two years. One repercussion of this increase has been a marked curtailment in the amount of commercial advertising we have been able to secure and the consequent drop in income from this source. An appeal was made to the provincial nurses' associations to set up committees to endeavor to secure new advertising. These will function in addition to the service of the regular representative, Mr. Joseph McGoey.

The *Journal* owns $10,000 of Victory Bonds. The savings account shows a credit balance of $3,430. The operating account has shown a steady improvement since the beginning of 1948.

Subscription rates: The increasing disparity between the cost per copy of producing the *Journal* and the price paid by the subscribers eventually necessitated that the subscription rates be raised. The new rates became effective on October 1, 1947. The initial effect of the new rates was an

increase in the number of non-renewals. This trend has now returned almost to normal.

Canadian Nurse committees: Though in no way directly responsible to the *Journal*, frequent contacts have been made with the conveners of these committees in each province. Preceding and during the various promotion trips, these energetic nurses have given splendid assistance. They and their committees maintain regular contacts with the local nurses' associations and individual nurses in endeavors to secure both subscriptions and articles for the *Journal*. Our sincere thanks go to these groups.

Editorial consultants: First appointed in the spring of 1946, the ten editorial consultants (one for each language group in Quebec) have been of very real service and assistance. Their advice and help are gratefully acknowledged.

The Editorial Board: Composed of three members living in the area where the *Journal* is published, the editor has immediate recourse to their advice and assistance. This has been a continuing source of strength. Appreciation is offered to them and to the president of the Canadian Nurses' Association, who is a member *ex officio* of the Board. The general secretary of the C.N.A. has also been most generous in the help and counsel she has given.

MARGARET E. KERR,
Editor and Business Manager

The Editorial Board

SINCE the last general meeting, Miss Marion Lindeburgh has resigned owing to heavy administrative and teaching responsibilities. Miss Fanny Munroe, who had been a member *ex officio* since the inception of the Editorial Board, has replaced her.

The two-year period has been a trying one for *The Canadian Nurse*. Rising costs of rent, paper, and printing have completely outstripped our estimates. To offset these advances, the charges for advertising were raised on January 1, 1947, and subscription rates were increased on October 1, 1947. There was a falling off in revenue resulting from these changes. Special efforts are being made to increase income from new advertising and the circulation picture is steadily becoming readjusted. As the editor and business manager has reported, the gloomy financial picture presented by the auditors is more apparent than real and is based upon an hypothetical bankruptcy of *The Canadian Nurse* which would necessitate cash refunds to subscribers, for issues not yet published, to round out the balance of their subscription term. In the opinion of your Editorial Board, the *Journal* is not in any danger of bankruptcy; in fact the improvements in the quality of the content, printing, and appearance of our magazine are a source of great satisfaction. The nurses of Canada and the advertisers will not be slow to note these changes and be influenced thereby.

We wish to take this opportunity to express to the editor and business manager our admiration for her spirit and for the splendid job she and her staff have done under the trying conditions of the past two years.

In matters of policy concerning the content of the *Journal*, the Board acts in an advisory capacity to the editor. In addition, the Executive Committee of the Canadian Nurses' Association has named a member of the nursing sisterhoods to whom the editor may refer any article which might be construed to be in conflict with the fundamental philosophies of any recognized group within the association. The Editorial Board has also provided for the inclusion of a note on the table of contents page of the *Journal* each month stating that "The views

expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of *The Canadian Nurse* nor of the Canadian Nurses' Association."

In December, 1947, this Board forwarded the following resolution to the Canadian Nurses' Association:

Be it resolved, That the present policy in the selection of editorial content for *The Canadian Nurse* be endorsed. Furthermore, *Be it resolved*, That the Executive Committee of the C.N.A. submit this resolution to the provincial associations for consideration and that the vote upon it be taken at the 1948 biennial convention of the C.N.A. in Sackville.

MARY S. MATHEWSON, *Chairman*

Committee on Institutional Nursing

THE National Committee on Institutional Nursing came into being officially two years ago at Toronto. The core committee consisted of four members all located in Winnipeg: Sister Delia Clermont, chairman, Dorothy Hibbert, Marguerite Schumacher, and Hazel B. Keeler, secretary-treasurer. The idea of a small working committee, capable of meeting easily and frequently, proved to be a sound one.

Four projects were isolated early in the fall of 1946 and work on all four was begun at once. This committee now has pleasure in reporting briefly on the following completed projects:

Textbooks for the War Memorial: Each provincial Hospital and School of Nursing Section or Institutional Committee was asked to submit to our core committee a list of textbooks on the various nursing subjects which they deemed most suitable for purchase with War Memorial funds. The provincial sections responded well and a list made up of the most commonly suggested textbooks was submitted to Miss M. Kerr, chairman of the War Memorial Committee. Very little variety was noted in the texts submitted as the most preferred in each subject.

Publications: Marguerite Schumacher accepted the chairmanship of the Sub-committee on Publications and, concurrently with the work of the core committee, carried the burden of this project for the past two years. The aim of this sub-committee was, through the page "Institutional Nursing" in *The Canadian Nurse*, to promote greater participation throughout the Dominion.

It was felt that in order to meet this aim it would be necessary to find a topic which would be of interest to all. The subject decided upon was "Personnel Policies and Procedures."

We are glad to be able to report that the provinces have been most co-operative and that, up to date, we have had eight articles published under this heading. For this effort we would like to extend our sincere thanks to those nurses in each province who participated so willingly and earnestly in this program. We are also grateful to Miss Kerr who was always ready to fill in when our articles were a little late in arriving.

Titles and definitions: To attempt to clear up a very real confusion existing throughout Canada in the titles and definitions of hospital and school of nursing positions, a questionnaire on this subject was prepared and distributed to the nine provincial executive secretaries. Through their kind co-operation, the questionnaire reached all the schools of nursing and a large number of hospitals without schools. Upon receiving the completed questionnaires in Winnipeg, the results were carefully tabulated and a list of titles and definitions agreeable to the majority of nurses in Canada was established. This list of titles and definitions was accepted by the executive of the Canadian Nurses' Association at their December, 1947, meeting and has since been distributed widely throughout hospitals and schools of nursing in Canada. Further copies may be obtained from National Office. The list was published in the May, 1948, issue of our *Journal*.

Manual of Job Analysis Technique: The preparation of the Manual on Job Analysis Technique proved to be a really educational

adventure for the four core committee members. Each member gave of her time freely and generously for this project. Without the many months of frequent meetings, with "homework" besides, this particular project could not have been completed. We owe much to Mrs. Marion Botsford, who worked with the job analysts in Hudson's Bay House, thereby gaining a sound working knowledge of job evaluation which in turn she imparted to us for our use in that section of the Manual. It would be impossible in this brief report to summarize the Manual. Instead we hope each of you will obtain a copy and make a study of it for yourself. We think you will enjoy reading it. We know that benefits unlimited can be obtained from the application of Job Analysis Technique to hospitals. Our Manual is submitted as an informative guide and we hope that it will inspire adaptations of its methods in all the hospitals in Canada.

The following is a brief summary of the activities of the provincial Hospital and School of Nursing Sections or Institutional Committees:

Manitoba: Three meetings were held during the past year and plans were made for the 1948 Workshop.

New Brunswick: A successful Instructors' Institute was held in October, 1947, when course outlines for first-year subjects were prepared.

Ontario: The study of simplification and standardization of techniques was continued. The practical application of the eight-hour day and the six-day week in a specific unit was studied by each district and the results evaluated and summarized. A questionnaire on the "passing grade" for examinations was distributed to all districts.

Quebec: 1946-47 — Three meetings were held with discussions centring around personnel policies for staff nurses. 1947-48 — A study of the basic course in pediatric nursing was made and a report on "Living and Working Conditions for Professional Personnel in Hospitals" was published in the January, 1948, issue of *The Canadian Nurse.*

Reports from the rest of the provincial sections had not been received at the time of writing this summary.

SR. DELIA CLERMONT, *Chairman*

Committee on Private Duty Nursing

Two committee meetings were held but the majority of business was conducted by correspondence. Certain topics were discussed at a meeting held in Vancouver:

The need for better relationship with hospitals and public health organizations. The private duty nurse could be of assistance with the public health programs in her daily routine of private practice if she were better informed as to their functions, etc. The need for an orientation program for private duty nurses going into hospitals on temporary general staff duty. This would create a better understanding between hospital staff and private duty nurses and also would help in stabilizing hospital staff.

The need of closer contacts with private duty nurses, by means of periodic bulletins from provincial committees and registries.

Consideration of the national chairman contacting provincial chairmen and private duty nurses at provincial annual meetings, for the purpose of creating interest, discussing problems, and discovering the needs of private duty nurses.

Articles for *The Canadian Nurse* were discussed with the convener of the Publication Committee and arrangements were made for them. However, this project was not developed so, therefore, no articles were published.

Letters were sent to chairmen of provincial private duty nursing committees for discussion on these topics and suggestions. The provinces heard from are in general agreement with all items and made no further suggestions.

A study is being made as to the possibility of establishing an orientation program for private duty nurses in hospitals. Superintendents of nurses, throughout Canada, have been contacted by letter asking for suggestions as to how such a program might be set up in their institution. The majority of replies, to date, are

in favor of some such program and point out that it would save time and labor on the wards, as well as provide a more efficient service.

Suggestions were sent to chairmen of provincial committees as to how we might interest doctors' office nurses in their nursing organization. British Columbia reports their office nurses have associated themselves with the Institutional Nursing group, and have formed a sub-committee on "Office Nursing," which is becoming active. Other provinces report more interest from this group.

Regulations, for the function of the three national committees, were drawn up and approved by the Executive of the Canadian Nurses' Association.

A visit was made to the nurses' registry in Vancouver and Victoria, B.C., and Montreal, Que., by your chairman.

Reports from the provinces still show a severe shortage of private duty nurses and many unfilled calls, but the situation in general is a little easier. There is considerable demand for private duty nurses to do temporary general staff duty in the hospitals of all provinces but this, too, is somewhat lower. It is noticeable that very few nurses just graduating are going into private practice, the trend being to steady employment in day duty, with a set salary and hours, also to post-graduate study.

Two provinces — New Brunswick and Ontario — report group nursing being done to a limited degree.

All provinces have increased their rates and also registry fees for private duty nurses, with most centres on an eight-hour day. Several provinces are making an all-over survey of fees and hours, with a view to establishing a uniform fee and hours of work throughout the province. Ontario is still studying an Economic Security Plan with personnel practices and salary for private duty nurses.

Compulsory chest x-rays for this group are in effect in most provinces.

Annual educational programs are being conducted by the private duty nurses in all provinces. Ontario has a lending library in each registry office for the use of its members, as well as a rotating library for the registry personnel.

An institute for Registry Personnel is conducted annually in Ontario, with twenty-four registries being represented. Subjects discussed are pertinent to registry work, such as counselling, interviewing, public relations, records and files, etc. These conferences have been of great value in standardizing the provincial registry program. A news bulletin is also published periodically for registry personnel.

Ontario also reports that a start has been made by a few registries toward the orientation of private duty nurses going into hospitals.

The majority of registries (Placement Service Bureaux) in the Dominion have increased their services to include a 24-hour telephone coverage for doctors, Victorian Order of Nurses, and other related groups.

Concern is expressed by all provinces over the poor attendance of private duty nurses at general meetings, with the request for suggestions as to how interest could be improved.

BARBARA E. KEY, *Chairman*

Dental Caries

The exact cause of dental caries is still unknown. The old advice to eat plenty of mineral-laden vegetables is still sound, but experiments carried out over the past ten or fifteen years show that there is a close relationship between caries and the amount of fluorine that the individual consumes in his water supply.

Further evidence has shown that the prevalence of decay can be reduced by the topical application of high concentrations of fluorides which are absorbed into the enamel of the teeth. This has led to the marketing of a highly successful tablet that incorporates calcium fluoride with vitamins C and D, dietary supplements that exert a favorable influence on bone, teeth, and gums. The tablets, obtainable only by prescription, are dissolved in the mouth, bringing the teeth into contact with the fluorine-bearing saliva. The reason they can be obtained only by prescription is that it is possible to get too much fluorine through having too high a content in your local drinking supply. This can lead to a mottling of the enamel of the teeth. — *Blue Print*

Committee on Public Health Nursing

Meetings

Since the last general report was submitted in 1946, four committee meetings have been held. Two of these were dispatched under the former set-up of the Public Health Section and two in accordance with regulations under the new constitution. A fifth meeting is to be held.

Personnel

In the fall of 1946 the resignation of the secretary-treasurer, Miss Sheila Mackay, was received. This was due to the change of residence to Toronto of the chairman, when it was found too difficult to carry on necessary business without ease of contact between these two officers. Miss Kathleen McNamara was appointed to fill the vacancy.

The vice-chairman, Miss Mildred Walker, was absent from Canada for several months to continue study at Columbia University but, at the request of the committee, retained her appointed office.

Due to adjustments foreseen in potential transitions, the work of two sub-committees, namely, Education and Publications, was absorbed by the general committee. Miss Frances Harris was re-appointed to the convenership of the Sub-committee on Industrial Nursing.

Business Carried from Last Biennial Period

1. *Publications — The Canadian Nurse:* The committee has met its assigned commitment in respect to articles for *The Canadian Nurse.* The overall theme "Practical Experiences in Special Pieces of Field Work" has, in accordance with a recommendation received at the last general meeting, been observed throughout this biennium in the articles which have been published.

Appreciation is herewith expressed for the interest, co-operation, and activity on the part of the provincial groups and the individual nurses who were approached for articles. Many set up special committees. Efforts and results have, indeed, been highly commendable.

2. *Use of volunteers in public health nursing:* In receiving the final report of this study at the general meeting of 1946, suggestions for its implementation were recorded. These have been pursued through the medium of articles published in *The Canadian Nurse.*

3. *Salary scales for public health nurses:* The following resolution, relating to this topic, was carried over from the last biennial period:

> That the question of a salary schedule for public health nurses be referred to the provincial sections for their consideration and, upon receiving their respective reports, the executive may proceed as seems advisable.

With the exception of Ontario, no provincial section had expressed any opinion regarding this study. The Ontario group noted that the Canadian Public Health Association was presently making such a study with references to the salaries of public health nurses in official agencies. Our committee considered it would be duplication of effort to make a similar study. We, therefore, approached the C.P.H.A., through the Executive Committee, C.N.A., suggesting that the scope of their study be broadened to include a salary scale for nurses in voluntary agencies and in industry. We were advised that the study had been completed and the results were published in the *Canadian Journal of Public Health.* The study committee felt that the recommendations contained in the report were "basic enough to be adapted to fit the voluntary agencies or any agency requiring the services of a public health nurse, industry included."

The provincial sections were asked to study and comment upon the published salary scales. From their findings, these recommendations were drawn up and approved by the Executive Committee, C.N.A.:

That the recommendations relative to public health nursing personnel, contained in the Canadian Public Health Association study, need revision and that further revisions should be made from time to time.

That recommended revisions resultant upon further study by the C.P.H.A. committee be made available and published in official journals.

Current Biennial Business

Change in nomenclature and committee set-up: With the passing of the new constitution and by-laws, the body functioning as the Public Health Section became obsolete and duties heretofore undertaken by this group were assigned to the Committee on Public Health Nursing. The procedure of contact with provincial groups was revised. In the former procedure, contact was, for the most part, made directly with the group concerned. Under present regulations, contacts to and from the provincial group are executed via the provincial secretary. An example is that of bi-annual reports, submitted from each provincial public health section or committee, to the National Committee in January and June. These are now received first by the provincial secretary who in turn forwards the copy to its destination.

In December, 1947, regulations concerning the functions of the Committees on Institutional, Private Duty, and Public Health Nursing, were presented and approved by the Executive Committee, C.N.A. These regulations are now being observed and, while it is yet too soon to assess merits and weaknesses in their function, much satisfaction is felt in that they are set down and now are officially available.

Job Analysis Study: Consideration of undertaking a Job Analysis Study was placed before the committee by the Executive Committee, C.N.A., in 1946, but no activity developed due to information gleaned during the period of initial planning. It was learned that the Canadian Public Health Association had already appointed a committee for the purpose of making such a study. As it appeared that the two projects would overlap, it was decided that it would be inexpedient to proceed with an independent study. Co-operation with the C.P.H.A. committee in any way possible was offered. Plans developed by the C.P.H.A. progressed and recently Miss Lyle Creelman began work on the public health nursing detail of the study. Money for this purpose is being made available to the Canadian Public Health Association through a grant from the Kellogg Foundation.

National Public Health Nursing Day: The committee was approached regarding the potentialities of developing this project as a means of interpreting the function and work of the public health nurse in the community. Upon investigation, it was learned that such activity was being developed by the Canadian Public Health Association, with Miss Electa MacLennan as convener of its committee. The present status of this matter is that the Committee on Public Health Nursing, C.N.A., will participate in the project. Miss MacLennan is acting in a dual capacity, having been appointed as C.N.A. representative also. A recent report indicates organization of plans is underway.

Training of registered nurses for midwifery: In a brief placed before the Executive Committee, C.N.A., in December, 1946, it was proposed that a training centre or centres in midwifery be established for the preparation of registered nurses in order to provide such service in outlying districts where medical services are not available. Resolutions favoring the policy came from the Dominion Council of Health and the Canadian Medical Association. Discussion concluded with the motion:

That we approve the principle of training registered nurses for midwifery in outlying districts where the services of a doctor are not available.

This motion was placed on the agenda of a meeting of the Committee on Public Health Nursing in September, 1947, at which time discussion resulted in the following resolution being forwarded to the Executive Committee, C.N.A.:

WHEREAS, In consideration of the circumstances through which the matter of training registered nurses for midwifery came before the Canadian Nurses' Association and the subsequent motion carried by its Executive Committee, it would appear that development of such practice may be potentially imminent;

WHEREAS, In the event of such development public health nurses will assume an active part in such practice; therefore be it

Resolved, That this committee request the Canadian Nurses' Association to pursue the question as to how this motion might be implemented, suggesting that the matter be assigned to the Educational Policy Committee and, in such event, the Educational Policy Committee be asked to include in their considerations suggestions as to what ways the Committee on Public Health Nursing could enter into such developments as may be proposed.

This resolution was accepted.

Liaison between C.P.H.A. and C.N.A.: An addition to the committee recently occurred, following a resolution received from the Canadian Public Health Association suggesting that the chairman of the Public Health Section, C.P.H.A., be permitted the privilege of attending *ex officio* meetings of the Committee on Public Health Nursing, C.N.A., and that a reciprocal privilege be granted to the chairman of the Committee on Public Health Nursing, C.N.A, to the C.P.H.A. group. This constructive development is, indeed, welcomed.

Integration of public health nursing in the basic curriculum: This matter came before the committee in January, 1948, following a proposal voiced at a meeting of the Executive Committee, C.N.A. Preliminary steps have been: (1) an inquiry into a similar study made in Ontario; (2) an investigation of individual opinions in regard to this subject.

Copies of the Ontario study have been released to this committee and are being retained pending action by the new committee coming into office. In regard to the second point, a number of articles directed toward this end have been requested with a view to publication in *The Canadian Nurse.*

Sub-committee on Industrial Nursing (Miss Frances Harris, convener): The following item, relevant to contact with industrial nurses, is of special interest. Through her official position with the Federal Department of National Health and Welfare, Miss Harris has recently been granted the privilege of space in the *Industrial Health Bulletin*, issued monthly by the Department of National Health and Welfare and circulated to industries throughout the Dominion. Miss Harris proposes through this means to bring to nurses employed in industry, not only items relevant to their special field, but also those of broader professional import. Toward this end, Miss Harris extended to the Canadian Nurses' Association and its Committee on Public Health Nursing this way of assured contact with the nurses in industry for such notes as at times the association may especially wish to bring to their attention.

Provincial reports: The major uniform activity in the provincial groups has been the consideration of the C.P.H.A. Salary Scales Study as requested by this committee. In addition, a variety of active and interesting programs were developed as indicated in the following excerpts:

British Columbia —Among highlights recorded are: A "most interesting and worthwhile" mental hygiene institute, with an attendance of over 155. A sub-committee has been at work on a project directed toward the encouragement of a closer link between public health nursing staff and the local hospital staff in cities and communities throughout the province. Both last year and again this year a "Public Health Nursing Week" was undertaken.

Alberta —The program of this group was developed around interpretation of the set-up and work of various public health nursing services.

Saskatchewan reports two organized groups active in the province. In areas where the public health nurse is isolated from a group, special effort has been made to have her participate in chapter programs.

Manitoba reports show the development of a planned program embracing most interesting and timely topics.

Ontario reports that two very successful industrial nursing refresher courses have been held, one at the University of Western

Ontario in May, 1946, and one at the University of Toronto in November, 1947. Study groups of industrial nurses are organized in several areas of the province and an effort is being made to link more closely the work of the industrial nurse with other health workers in the community. A special committee to stimulate articles for *The Canadian Nurse* did very creditable work. A special committee appointed to study the Role and Status of the Public Health Nurse in the School of Nursing is mentioned elsewhere in this report.

Quebec — The groups have had a series of lectures on tuberculosis and other means of bringing emphasis on this subject were developed.

New Brunswick — "Public Health Roundup," a news bulletin issued quarterly, is worthy, indeed, of special mention — an excellent means of contact for nurses working in more scattered areas.

Nova Scotia made a special project of the salary scales study. There were also developments toward stimulating increased interest among industrial nurses.

Prince Edward Island reported a series of interesting meetings. Their humor is evident in their comment as follows: "We haven't many members. The Island's very small. But when it comes to quality, why then we beat them all!"

HELEN G. MCARTHUR
Chairman

Committee on Health Insurance

THE FUNCTION of the Committee on Health Insurance has been stated: "To study and to keep in touch with health insurance schemes and to have information available as may be required, either by the Canadian Nurses' Association or the provincial associations, in respect to nursing service in health insurance plans." The activities of the committee have varied in relation to development of thought and action in health insurance.

During the past two years there has been little activity in this field. It seems that no official information can be obtained with regard to any planning toward enactment of health insurance legislation although rumor and trends point to increased general interest.

In order to secure experience in administration and statistics regarding cost of nursing service, the Canadian Nurses' Association might consider undertaking a study in co-operation with a prepayment plan offering adequate nursing care. This would necessarily entail consideration of nursing services provided by hospitals, visiting nurse organizations, and private duty nurses. The cost of hospital nursing services would have to be considered by studying a hospital with a separate nursing service budget.

The following is a summary of action to date by the federal and provincial governments:

Federal: The draft Health Insurance Bill (1944) was presented to the Dominion Provincial Conference in 1945 but, due to intricate financial and constitutional problems, the conference adjourned with no positive action having been taken and to date it has not reconvened. Press clippings indicate the matter has been under review, but no official word can be secured at this time.

British Columbia: Health insurance activities and interest seem to be in complete abeyance. The Health Insurance Act (1936) has never been enforced.

Alberta: An Act for providing health insurance was passed by the Provincial House in March, 1946, but has not been implemented to date. The benefits to be provided under this Act include any one or more of the following: (a) medical, surgical, and obstetrical benefits; (b) dental benefit; (c) pharmaceutical benefit;

(d) hospital benefit; (e) nursing benefit.

The Alberta Association of Registered Nurses appointed a committee to undertake an intensive study of the Act and to make recommendations in the setting up of the scheme where nursing services are implemented. This report was presented to the Legislative Committee, but there has been no action. The government is not prepared to make any statement concerning future developments. The Associated Hospitals of Alberta appointed a special committee to study the possibility of adopting the Blue Cross plan throughout the province. A bill is about to be introduced to give the Associated Hospitals the authority necessary to implement this plan.

Saskatchewan: The Hospitalization Act of 1946 went into effect January 1, 1947, and provides hospital services for everyone in the province paid by a per capita tax. During 1947, payment made to hospitals was based on a method of classification according to a point system. In this way hospitals were induced to improve their services, to increase the number of registered nurses on their staffs, and provide better working conditions for nurses. In 1948, payment to hospitals is being made according to operational costs although the point system is still retained for the purpose of measuring standards.

Five medical care prepayment plans are in existence in Saskatchewan. Three of these were organized by local groups under the Saskatchewan Mutual Medical and Hospital Benefit Associations Act in 1939 and are governed by a lay board. The other two plans are organized and controlled by groups of medical men. These five plans provide for medical and surgical care, out-patient hospital services, and half the cost of special nursing not exceeding three days, if considered necessary by the attending physician.

The Saskatchewan Registered Nurses' Association has been quite active in the planning of health insurance schemes and is represented on the Advisory Committee of the Health Services Planning Commission and on the Grading Committee that assisted in drawing up the scale of points to be allotted to hospitals. In February, 1946, the association submitted to the provincial government recommendations relating to nurses and nursing services under a health insurance plan.

Manitoba: The Manitoba Health Plan was established by an Act of the Manitoba Legislature in April, 1945. The Act provides for: (a) the establishment of local health units; (b) the division of the province into units for diagnostic purposes, and the provision in each unit for the diagnosis of disease and the employment of personnel required to operate the facilities.

To date twelve health units have been established that provide preventive medical services but the plan has not been implemented in other details.

Ontario: The Ontario Municipal Health Service Act was passed in 1944 but has not functioned to date. The Act and its regulations make it possible for any municipality which so desires to provide a form of sickness insurance for all its residents, paid out of taxes secured in the local area and aided by provincial grants. Services covered are: (a) medical; (b) surgical and obstetrical; (c) hospitalization; (d) dentistry; (e) nursing.

The Act is drafted so as to permit municipalities to set up any part or all of the services mentioned. The onus for promoting health insurance under this Act rests with the municipalities.

The prevalence of private insurance and prepayment medical care plans denotes interest on the part of professional and lay groups in providing for health services. The most recent of these is The Physicians Service Incorporated, a group plan sponsored by the Ontario Medical Association. Other similar plans that exist in Ontario are The Associated Medical Services Incorporated and The Windsor Medical Services Incorporated.

Quebec: Very little activity seems to have taken place here. In 1943, the Legislative Assembly passed an Act to constitute a health insurance commission which was directed to study

the whole problem of health insurance and to suggest a plan to meet the situation. No report was published and the legislation was repealed in 1945.

New Brunswick: The Blue Cross recently obtained a charter from governments of the Maritime provinces to provide a voluntary prepaid medical service in New Brunswick, Nova Scotia, and Prince Edward Island. This scheme will include hospitalization, x-rays and medical supplies, and doctors' fees for medical, surgical, and obstetrical care for patients in hospitals and at home.

Nova Scotia: No legislation has been introduced in Nova Scotia in relation to health insurance. An interesting study has been reported in the *Canadian Journal of Public Health* (Jan. 1948) under the title, "Demands for Service under Health Insurance." The Institute of Public Affairs of Dalhousie University did some research work, comparing the demand upon medical services in a prepaid plan with that made when medical care was rendered on the conventional basis.

Prince Edward Island: There is no legislation in Prince Edward Island with regard to health insurance, but it seems that action is about to be taken on the Blue Cross prepayment medical care plan that is underway in New Brunswick.

HELEN M. CARPENTER, *Chairman*

Committee on Constitution, By-laws and Legislation

THE REVISED Constitution and By-laws of the Canadian Nurses' Association came into force on November 15, 1946, and, as directed by a resolution passed at the general meeting, 1946, the Incorporation of the Canadian Nurses' Association was proceeded with.

The Act to incorporate the Canadian Nurses' Association was passed by the Senate on the 23rd of April, 1947, and by the House of Commons on May 23, 1947. Royal Assent was given on June 27, 1947, in the form (with one clarifying amendment) agreed upon at the 1946 biennial meeting.

The implementation of the new Constitution and By-laws is now proceeding. It has been deemed advisable by the Executive Committee to recommend the following amendments to the general meeting to be held in June, 1948:

No. 1. By-law II—Section 1. b.s.

Dual Representation in National and Provincial Associations:

In the event of Provincial Nurses' Associations having representatives acting in a dual capacity (Provincial and National) on the Executive Committee of the Canadian Nurses' Association, the General Secretary must be notified in writing, prior to the Meeting, as to how the Provincial votes are to be carried, and the Provincial Nurses' Association must recognize that in every case the National Official must cast one National vote.

No. 2. By-law II — Section l.d.-added to:

That the Regions be defined as follows:

1. The three Maritime provinces.
2. Quebec.
3. Ontario.
4. Manitoba, Saskatchewan.
5. Alberta and British Columbia.

No. 3. By-law II — Section 2.

(a) *Minimum Number of Executive Meetings:* That a minimum of three Executive Meetings be held in each Biennium, always providing that one full Executive Meeting is held in each year.

(c) *Special Meetings of the Executive Committee:* That a Special Meeting of the Executive Committee must be called on the request of any three Provincial Nurses' Associations, and may be called at any time by the President and/or the Executive Committee.

No. 4. By-law III, added to Section 2:

Power of Sub-Committee:

Such administration shall not involve any change of policy on the part of the Sub-Committee, Canadian Nurses' Association, or include power to incur any extraordinary expenditure. Copies of the Minutes of the Meetings of the Sub-Committee shall be sent to all Members of the Executive Committee within a period of three weeks from the date of each Meeting. The proceedings of the Sub-Committee shall be ratified at the next Meeting of the Executive Committee.

No. 5. By-law V — Section 4b.

Selection of Members of Nursing Sisterhoods:

The Conference or Conferences of Sisterhoods in each Region shall appoint from their Nurse Membership, a Selections Committee.

The Chairman of each Regional Selections Committee shall submit to National Office the names of at least one Sister from each Region willing and capable of holding National Office, with a short biography of each person selected.

Routine procedure as defined in By-law V, Section 5, of the Constitution and By-laws of the Canadian Nurses' Association, shall then be followed in preparation of the "ticket of nominations," always providing that each Region be represented.

No. 6. By-law VI — Section 2.

Estimation of Official Number of Members of each Provincial Association:

The date for estimating the official number of Members of the Canadian Nurses' Association in each Province, for the purpose of allotting the number of voting delegates to each Province for the Biennial Meeting of the Canadian Nurses' Association, shall be the thirty-first of December immediately preceding the Biennial General Meeting of the Canadian Nurses' Association.

No. 7. By-law VIII — Section I (k) (*new clause*):

Addition of Committee on Finance to list of National Committees.

It is hoped that a concise résumé of all the provincial acts will be available for the biennial meeting.

The committee realizes the need for further study of the functions and procedure of National and Special Committees, and it is hoped that this will be the task of the next biennium.

EILEEN C. FLANAGAN, *Chairman*

Comité de Législation

Afin de permettre à toutes les infirmières de bien se renseigner sur la politique adoptée par l'Association des Infirmières du Canada, nous avons pensé remplacer l'article français de ce mois par la traduction du rapport de Mlle E. C. Flanagan, convocatrice nationale du Comité de Législation. On y trouvera les amendements aux règlements qui seront présentés, pour ratification, lors du congrès biennal de juin prochain.

Les statuts et règlements revisés de l'A.I.C. furent adoptés le 15 novembre 1946, et à la suite d'une proposition d'incorporer l'A.I.C., l'on procéda immédiatement aux démarches nécessaires.

La Loi d'Incorporation de l'A.I.C. fut votée par le Sénat le 23 avril 1947 et par la Chambre des Députés le 23 mai 1947 et fut sanctionnée le 27 juin 1947. La loi n'a subit aucun changement autrement qu'un amendement explicatif ajouté au texte, adopté en 1946.

L'on s'acquitte graduellement des obligations découlant de la nouvelle loi et des règlements.

Des amendements aux règlements seront présentés à l'assemblée générale de juin 1948 prochain, sur la recommandation du Comité Exécutif.

No 1. Règlement II—Section 1.b.s.

Représentation double aux associations national et provinciale: Lorsqu'une association provinciale aura une de ses représentantes comme membre du Comité Exécutif de l'A.I.C., le secrétariat national devra en être averti; si cette personne est chargée de voter au nom de l'association provinciale, cette dernière devra se rappeler que leur représentante comme membre du Comité Exécutif a droit à un vote indépendant.

No 2. Règlement II—Section 1.d. ajouter à:

Les régions sont déterminées comme suit: (1) Les trois provinces maritimes. (2) Québec. (3) Ontario. (4) Manitoba et Saskat-

chewan. (5) Alberta et la Colombie-Britannique.

No 3. Règlement II— Section 2.

(a) *Du nombre des assemblées de l'exécutif:* Au minimum de trois doivent être tenues au cours des deux années s'écoulant entre les assemblées générales. Ces trois assemblées doivent être réparties aux deux années.

(c) *Assemblées spéciales de l'exécutif:* Une assemblée spéciale de l'exécutif peut être convoquée sur la demande de trois associations provinciales et en aucun temps sur la demande de la présidente ou sur la demande du Comité Exécutif.

No 4. Règlement III, à ajouter à la Section 2.

Attributions des sous-comités: L'administration ne doit entraîner aucun changement de politique de la part du comité, concernant l'A.I.C., ou comporter le pouvoir de faire aucune dépense extraordinaire. Copies des minutes de l'assemblée du sous-comité doivent être expédiées à tous les membres du Comité Exécutif dans un délai de trois semaines à compter de la date de chacune des assemblées. Les procès-verbaux des sous-comités doivent être approuvés lors de la prochaine séance du Comité Exécutif.

No 5. Règlement V— Section 4-b.

Choix des représentantes des communautés religieuses: Les conférences de religieuses de chaque région devront nommer parmi leurs membres un comité chargé de choisir les candidates qu'elles désirent envoyer comme leurs représentantes à l'A.I.C.

La convocatrice du comité de chaque région devra faire parvenir au secrétariat national, le nom d'au moins d'une religieuse acceptant d'être la représentante pour cette région. Des notes biographiques devront accompagner ce nom.

La manière de procéder, concernant la liste de nomination des candidates, sera tel que défini au Règlement V, Section 5, des Statuts et Règlements de l'A.I.C., pourvu que toutes les régions soient représentées.

No 6. Règlement VI—Section 2.

Du nombre officiel des membres dans les associations provinciales: Le nombre officiel des membres de l'A.I.C. dans chacune des associations provinciales sera déterminé le 31 décembre précédant le congrès biennal. Ce dénombrement aura lieu dans le but de déterminer dans chaque province, le nombre de déléguées ayant droit de vote aux assemblées générales.

No 7. Règlement VIII—Section 1 (k) (nouvel article).

A la liste des comités nationaux ajouter le Comité des Finances.

Nous espérons qu'un résumé concis de toutes les lois des associations provinciales seront présentés lors du congrès biennal.

Pour le bon fonctionnement des comités nationaux, le Comité de Législation réalise la nécessité d'une étude plus approfondie concernant la politique à suivre. Nous espérons pouvoir entreprendre cette tâche après ce congrès biennal.

Polypi

Roentgenologic examination of the colon by means of a barium enema alone will not — even in expert hands — reveal the presence of a polypus or multiple polypi. The visualization of such lesions requires what is spoken of as an air study or evacuation film. The experienced roentgenologist, after the usual barium enema and roentgenoscopic and roentgenographic studies, has the patient expel the barium. Then by means of a hand pump, air is injected into the lower part of the bowel in sufficient quantity to cause slight distention of the colon. At this point, roentgenologic studies are again made. Should a defect in the normal contour of the bowel be present, the experienced roentgenologist is quick to detect its presence and in most instances will make the correct diagnosis, whether the lesion is a simple polypus, multiple polypi, napkin-ring carcinoma, or an inflammatory process.

Nurse Keeps Long Vigil

The story of a Red Cross nurse's long vigil over a mother and her new-born child on lonely Miscou Island off New Brunswick's northern tip was told after the three were snatched from what doctors said was almost certain death and brought to hospital.

Dr. L. M. Veniot, called to Miscou Island, fifty miles distant, arrived by plane to find the nurse, Theresa Arseneau, seriously ill but still tending Mrs. Omer Ward, on the point of bleeding to death in childbirth. The nurse had been at the bedside since Saturday, February 28. Sunday she called the hospital at Bathurst for assistance and Monday, before the doctor arrived, she collapsed.

"I had my eyes opened," said Dr. Veniot, reporting that the mother and child and Miss Arseneau were doing well in hospital. "The complete loneliness and isolation . . . nothing there at all. Miss Arseneau's devotion to duty was marvellous."

Committee on Labor Relations

WORKING FOR JOB SATISFACTION

THE Committee on Labor Relations has now been functioning for a period of four years. During this time the work of the committee has been largely that of gathering information and of keeping members of the National Executive Committee and the various provincial associations informed on what is taking place across Canada and in the United States in the general field of employer-employee relationships.

Inasmuch as labor laws are provincial and there is considerable diversity in labor problems from province to province, particularly as these problems affect nurses, some of the provincial associations have taken very definite steps in defining their positions in respect to labor relations and in helping to solve employment difficulties. In other provinces work has just begun and no real plans have been crystallized in respect to employment relations. However, all provinces evidence concern over the growing strength of labor organizations, the relationship of the nursing profession to them, and the best means of assisting nurses and their employers to come to satisfactory arrangements regarding employment.

The Canadian Nurses' Association now feels the time has come to outline a definite policy in respect to labor relations. In drafting such a policy the committee realizes that only broad principles can be set down but that these principles should be a guide to the development of more detailed and specific procedures in the provinces.

The committee submits for your approval the following principles as a framework of a labor-relations policy.

The Canadian Nurses' Association believes that it is a function of a professional organization to be concerned with the economic and social welfare of its members, and recommends that our professional organizations, provincial and national, be prepared to undertake this responsibility. The following instruments for fulfilling this function are recommended:

1. *Education* in employer-employee relationships which means the development of insight into and understanding of the rights and responsibilities of the employer and employee, and the responsibilities of both groups to the organization which they serve.

2. *Sound personnel practices:* The term "personnel practices" means the relationship between employer and employee defined in an organized plan and stated in writing. The plan should include description and classification of positions in the organization with compensation range and avenues of promotion; organization of administrative authority; methods of selecting employees; internal personnel practices, including orientation and in-service training, leaves and vacations, health practices, methods of handling discipline and grievances, separation by resignation or removal, retirement, service rating, living and working conditions.

Experience has shown that sound personnel practices create conditions of employment which satisfy such basic human needs and desires as security, recognition, and growth. The outcome is the establishment and retention of a competent staff working harmoniously together to reach the aims and objectives of the organization by which they are employed.

3. *Personnel specially prepared* to advise and assist nurses in bargaining collectively: There is no set pattern of personnel practices effective for every situation but certain fundamental principles can be established for employees doing the same type of work in organizations which are similar. The most satisfactory method of adapting these principles is through consultations between employer and employees. The professional organizations can assist their

members in this respect by having available for consultation members of their association who, through experience and training, have a thorough knowledge and understanding of the needs and problems of both the employer and employee groups.

4. *Collective bargaining:* In its simplest form, collective bargaining is a group of employees or their representatives conferring with their employers on matters concerned with conditions of work.

The more complicated form of collective bargaining involves the certification of a bargaining agent under the provisions of the federal or provincial statutes, as the case may be, which certified bargaining agent can then force the employer to bargain collectively.

Some of the provincial associations have accepted this second form of collective bargaining in principle, and made it a part of their labor relations policy. Whether it is to be included in the national labor relations policy is a question which must be decided at this meeting. The arguments for and against accepting it are given later in this report.

Summary of Activities

The committee presents for your information the following summary of the activities in this group during the past biennium:

Early in 1947, because of pressure being brought to bear on a group of nurses employed by a large city health department to join the Municipal Employees' Union, which had a closed shop agreement with the city, the Registered Nurses Association of Ontario suggested to the Canadian Nurses' Association that consideration be given to the advisability of asking for exemption from the proposed new federal legislation respecting the "Investigation, Conciliation and Settlement of Industrial Disputes." While it is realized that only a very small group of nurses is actually affected by federal labor legislation, this Bill is significant in that the Federal Government is seeking to establish a National Labor Code. A clause in the Draft Bill enables any province to come under the jurisdiction of the Bill and there is an indication that some provinces may elect to do so.

At a meeting of the Executive Committee, C.N.A., held in Montreal in April, 1947, it was decided to ask the Federal Government for certain changes in the Draft Bill which would enable nurses to form a group of their own members to act as a collective bargaining unit and that such a unit might apply for permission to have members of their own profession certified to act as bargaining representatives of the unit. It was also asked that nurses belonging to such a unit be excluded, if they so desire, from any other unit for collective bargaining purposes.

Although our request was drafted with legal advice and the convener of the Labor Relations Committee secured an interview with officials of the Federal Department of Labor and received a sympathetic hearing, our suggestions for re-wording Section 10 of the Draft Bill were not acceptable to the department.

Section 8 of the Bill, as it now is, has given the Executive Committee a great deal of concern and it is quoted below in its entirety in order that you may understand the steps taken by the committee:

> Where a group of employees of an employer belong to a craft or group exercising technical skills, by reason of which they are distinguishable from the employees as a whole and the majority of the group are members of one trade union pertaining to such craft or other skills, the trade union may apply to the Board, subject to the provisions of Section 7 of the Act, and shall be entitled to be certified as a bargaining agent of the employees in the group, if the group is otherwise appropriate as a unit for collective bargaining.

Legal advice has been sought in two provinces in respect to our position as nurses under this section of the Act. From a highly qualified practitioner in B.C. we received this interpretation:

> 1. That Section 8 as it now stands permits a broad interpretation and that a professional organization such as ours could qualify as a trade union under it. In his opinion this could

jeopardize our professional status and prestige and, to guard against this, suggested we might ask for exemption from the Act as have the members of the medical profession.

2. Exemption from the Act would mean that nurses could not be forced to join unions but neither could they have the strength that certification for bargaining gives in dealing with unco-operative employers.

Following a meeting of the Executive Committee held in Calgary in December, 1947, at which it was decided to seek exemption from the Act, the convener of this committee sought advice from Mr. J. C. Mahaffy of Calgary who had been appointed legal adviser to the committee by the Executive Committee. In giving advice as to the procedure to be followed in applying for exemption from the Act, he said that if the C.N.A. asked for exemption from this Act, and such request were granted, they would deprive nurses of the right to enforce collective bargaining in appropriate cases, a right already approved by the C.N.A. He also pointed out that even though nurses are exempted from the provisions of the Act, they would not be prevented from setting up bargaining agents but no employer would have to recognize them or bargain with them.

Since it appeared from the minutes of former meetings that the C.N.A. had accepted the principle of collective bargaining, and certification of groups of nurses under labor legislation, and since several of the provinces had accepted this principle, and certification of bargaining units had been obtained in some cases, the president of the C.N.A. decided to consult the provinces further before seeking exemption from the Act. The majority of the provinces were of the opinion that this was a serious step to take and that the matter should be discussed at the general meeting of the association in June, 1948.

The membership must decide whether they wish to be included in the provisions of the Act or be exempted from it and accept the consequences of this decision. As matters now stand the action decided upon may be too late to alter our position in respect to the Dominion Labor Act (now Bill 195), but it may have far-reaching consequences when provincial governments decide to accept the Act or adapt it to their own uses.

Growing out of this report are the following pertinent questions vital to every member of the C.N.A. The answers given are based on the opinions of Mr. J. C. Mahaffy, legal adviser of the committee:

Question 1. If nurses are exempted from labor legislation does this prevent them from effectively using collective bargaining?

Answer. No, not if the employer concerned is prepared to accept collective bargaining as a part of modern labor-relations machinery. However, where an employer does not wish to do so, the employees have no legal means of forcing such employer to recognize a bargaining group.

Question 2. If the Dominion Labor Act is passed and nurses are not exempted from it, would it be possible for the nurses in a province which has elected to come under the provisions of the Bill to request exemption from it or the rewording of certain clauses?

Answer. This is difficult to answer but there are two possibilities: (a) If any particular province delegated all labor jurisdiction to the Dominion then in that particular province the Dominion Act would prevail. If the Dominion Bill as now drafted became law, nurses in that province would have to obtain an amendment to the Dominion Act by the federal parliament, either for exemption or for rewording of certain clauses. (b) If any particular province passed legislation similar to the Dominion Bill and then simply delegated to the Dominion authorities the right to administer labor legislation of the province, the Provincial Act would prevail. If such Provincial Act did not exempt nurses from its provisions, an amendment of the Act would have to be obtained from the provincial legislature in question.

Question 3. If nurses come under the Act may they be compelled to join labor unions?

Answer. In a situation where a union-shop agreement prevailed this would be possible, but Section 8 of the Bill provides a means whereby nurses or members of any other craft or profession may form their own bargaining unit, obtain certification, and be exempted from all other bargaining units.

KATHLEEN CONNOR, *Chairman*

Educational Policy Committee

INTRODUCTION

Organization of Educational Policy Committee: Since the passing of the Federal Act No. 171 in June, 1947, "An Act to Incorporate Canadian Nurses' Association," this committee, like all the others in the C.N.A., has undergone considerable change in name, membership and function, with the result that all of its assigned tasks have not been taken care of, nor all its sub-committees set up and functioning.

(a) Certain projects passed on by the Committee on Nursing Education have been tabled or delayed because of more urgent undertakings. The setting up of the demonstration of an independent school has been considered the main and most urgent project, with the result that a committee, known as the Demonstration School Administration Committee, has been established, consisting of the total membership of the Educational Policy Committee with the three designated Red Cross Society representatives.

(b) The sub-committees of the Educational Policy Committee, which have been set up, and are functioning are: Male nursing, Miss M. Myers, convener, Saint John, N.B.; auxiliary workers, Miss D. Riddell, convener, Toronto, Ont.; public health nurse functions, Miss M. Nash, convener, Montreal, Que.

The Committee on Instruction, formerly a part of the Hospital and School of Nursing Section, was transferred from the Institutional Nursing Committee to the Educational Policy Committee. A convener for this national sub-committee has not yet been appointed. It is hoped this can be done immediately after this meeting of the C.N.A.

(c) The advisability of reducing the Demonstration School Administration Committee to a sub-committee status has been questioned.

Membership of the Educational Policy Committee: Miss A. J. Macleod, chairman; Miss M. S. Mathewson, vice-chairman; Miss E. Young, secretary; Rev. Sister Clermont, Miss N. Fidler, Miss H. Carpenter, Miss M. Myers, Miss K. W. Ellis, Miss M. E. Kerr, Miss D. Riddell.

Motions from 1946 C.N.A.— outstanding business: When the present chairman assumed office, Miss Russell, the retiring chairman of the Committee on Nursing Education, referred three matters to the incoming committee, approved by the C.N.A. in 1946, in the following motions:

Re First Aid Course: That the incoming Committee on Nursing Education implement as soon as possible the plan as outlined for a C.N.A. qualification in First Aid.

Re Accreditation of Schools of Nursing: That the incoming executive be asked to implement a scheme of accreditation, if and when it is possible.

Re Proposed Demonstration of an Independent School of Nursing: That the proposal already approved by the Executive Committee, C.N.A., that a demonstration be undertaken to determine whether a professional nurse can be prepared adequately in less than three years be approved by the members of the C.N.A., assembled in convention.

At the first executive meeting of this biennium held in Calgary, December 5-7, 1946, the following recommendations were approved:

1. Owing to other more pressing projects at this time, and due to the limited staff at National Office, the implementation of the first aid course be postponed to a later date.

2. That the independent school of nursing project be under the direction of the Canadian Nurses' Association Committee on Educational Policy, with the following representatives from the Red Cross Society: The adviser in nursing of the Canadian Red Cross Society (Miss E. K. Russell); the director of nursing services (Miss H. McArthur); Dr. F. W. Routley, commissioner, Canadian Red Cross Society.

3. That the committee, comprised of the Educational Policy Committee membership and the three Red Cross representatives, be hereafter referred to as the Demonstration School Administration Committee.

Meetings held during the 1946-48

biennium: During this two-year period there have been several general meetings of the Educational Policy Committee called, usually in conjunction with the Demonstration School Administration Committee meetings, of which there have been five. These were held as follows:

Dec. 7, 1946, Calgary — Educational Policy.

Jan. 15, 1947, Montreal — Sub-committee to review recommendations.

Jan. 27, 1947, Toronto — Educational Policy and Demonstration School Administration.

Mar. 10, 1947, Toronto — E.P. and D.S.A.

Aug. 12, 1947, Montreal — E.P. and D.S.A.

Oct. 9, 1947, Windsor — D.S.A.

Mar. 18, 1948, Winnipeg — E.P.

May 15, 1948, Windsor — E.P. and D.S.A.

Conferences and other meetings attended by the chairman: Besides these meetings, the chairman has conferred with one or more members on occasion, carried out commissions in Ottawa for the C.N.A., and met informally with committee members present at the C.N.A. executive meetings throughout the biennium. Progress reports were presented at each of these meetings by the chairman and Miss Fidler, since her appointment as director of the Metropolitan School of Nursing.

During the winter and spring of 1947, the chairman attended several meetings in New York, as a member of the I.C.N. Structure Study Committee and the I.C.N. Nursing Education Steering Committee. In May, she attended the Grand Council and Congress of the I.C.N., as one of the four C.N.A. delegates. The two studies of nursing education interest undertaken by the I.C.N. were the proposed revision of the I.C.N. pamphlet, "The Educational Program of the School of Nursing," and the proposed pamphlet on "Post-graduate Nursing Education." The first post-war International Congress was tremendously interesting, and to see the faith with which nurse educators the world over were resuming their work was a most heart-warming experience. The I.C.N. Congress in Sweden, 1949, will, we hope, find nursing more firmly established on the way to recovery and the world closer to peace than at present seems possible.

Main Project — The Demonstration School

First steps: The credit for the proposal goes to the former Committee on Nursing Education, of which Miss Russell was chairman and Miss Fidler secretary. In many respects they were the logical people to bring forward such a proposal, with the years of experience Miss Russell has had in building up the University of Toronto School of Nursing. This time it was to be in conjunction with a hospital, not a university.

With the announcement that the Red Cross Society would sponsor the proposal to the extent of $40,000 a year for a period covering four years, the C.N.A. was committed, and the first things required were to determine the site and appoint a director. The provincial representatives were asked to send recommendations to the chairman before a certain date. The Demonstration School Administration Committee appointed a sub-committee to review these recommendations and make suggestions to the main committee, and thence to the C.N.A. Executive.

Provincial nurse registration regulations were reviewed to determine if graduates of the proposed school could register on completion of their course. (Certain provincial regulations would not allow such registration.) The Department of Health of Ontario assured the committee that graduates of such a school, if located in Ontario, would be eligible for registration on completion of the course.

At the second executive meeting held in Montreal in March, 1947, Miss Nettie D. Fidler, on the recommendation of the committee, was the unanimous choice of the Executive Committee for the position of director. Miss Fidler conducted the hospital inspection trips and visited in all eleven hospital schools of nursing in three different provinces — Quebec, Ontario, and Manitoba. After several disappointments, the choice narrowed down to two or three, and finally the

Metropolitan Hospital in Windsor, Ont., seemed the most suitable place. There was no school of nursing, the Board was interested and enthusiastic, and the only barrier was the lack of a teaching unit or student residence.

The school opens: The date was set for the middle of January, 1948, with the hope that a second class would be taken in September, 1948. The Board found a house, started repairs immediately, at the same time having plans drawn up for the new nurses' residence, which include a complete teaching set-up.

Miss Fidler resigned from her position at the University of Toronto School of Nursing, and moved into 849 Kildare Road, Windsor. Staff was gradually acquired, classrooms and a library established, bedrooms and living-rooms furnished. An instructor of nursing, Miss Eleanor Martin, was secured, who shared with Miss Fidler all the trials of setting up the new school.

Staff conferences at the Metropolitan Hospital were held. Business arrangements were agreed to. All the precautionary measures imposed by the proposed plan, and the C.N.A. Executive, were gradually met.

On January 19, 1948, the school was officially opened, with the arrival of the first class of students (lucky 13). The curriculum is planned for an absolute minimum of twenty-five months. The students' uniform is pale grey, with short sleeves, white cap, and white shoes and stockings. The present staff consists of three nurse instructors, as well as the director of the school. The science and public health instructors were appointed at the last executive meeting (Miss E. C. Williamson and Miss E. S. Graham).

The Demonstration School Administration Committee has been, up to this time, concerned with establishing correct lines of communication and control. Much has had to be left to Miss Fidler to handle, and all the credit is due to her for the way in which everything has been taken care of so far. The question of accommodation, system of accounting, personnel of local boards, arrangement of lecture and clinical programs with medical men and hospital nursing staff, have all been Miss Fidler's responsibility, as well as the preliminary draft of the budget, and the curriculum. The committee is anxious that living conditions and working arrangements are in line with the best personnel practices and the staff regulations which have been tentatively set, in regard to salaries, living-in charges, vacation with pay, and hours of work, have all been given thought and consideration.

The one disappointment so far has been the fact that the residence has been so late in getting started, and that we did not manage to have our full teaching staff available for the first term the students were in the school.

Miss Fidler will be reporting upon the school itself and will answer any questions any C.N.A. member may wish to ask. There is only one thing that I would suggest that everyone keep in mind, and that is that during the next biennium the committee will be in a position to discuss the demonstration in detail but, at the present time, until the school has its full staff and is much better established, only the most general statements can be made.

Educational Policy Committee Problems

Many matters of policy have been discussed by this committee and while the majority of inquiries come from the C.N.A. Executive itself, a few requests for opinions come from other organizations. Some of these we have dealt with directly, others required co-operation from other committees, or the opinion of the executive.

The sub-committees are our source of information and research, along particular lines, and each of these committees can be thought of as advisory to the Canadian Nurses' Association in regard to its particular interest, such as male nurses, auxiliary workers, instruction, as the reports of these sub-committees will show.

In this connection, I would like to suggest that the C.N.A. should be giv-

ing more thought to the problems of the minority group of registered male nurses. Should more provinces be encouraged to start basic nursing courses for male nurses, and should the C.N.A. question the policy of the Quebec Government in not including male nurses in the Practice Act in that province? We believe a male member on the sub-committee should be appointed at this meeting to work with Miss Myers, the convener. What more can be done to help the professional registered male nurse secure satisfaction in his work?

The Provisional Council of university schools or departments of nursing, and its relationship as an advisory committee to the C.N.A. in general, and the Educational Policy Committee in particular, has been discussed. The question naturally raised in this connection is should there be, possibly, two sub-committees — one on university schools and another on post-graduate nursing education, as well as the sub-committee (on basic nursing education) on instruction? Certainly if the members of the Provisional Council are going to benefit from such an organization, or contribute to its collective thinking, and so be useful to the C.N.A. as an advisory body, the council must become more active, and the members provided with the means of attending meetings regularly.

A resolution to this effect was included in the report of the Educational Policy Committee at the last executive meeting, recommending that the C.N.A. take action by writing to the various universities, seeking their co-operation and suggesting that at least one nurse faculty member from each university school or department of nursing be enabled to attend the annual meeting of the Provisional Council. As this resolution was inadvertently omitted by the Resolutions Committee at that time, it will be presented again at the forthcoming meeting of the executive.

Central schools of nursing have been discussed in Canada for a long time, and many professional nurses believe that eventually the present nursing problems will be largely solved by their establishment. Already several provincial associations have tentative plans made, yet no place in Canada has been able to secure the financial backing necessary to start such a project.

Those nurses in Montreal who recently had the privilege of hearing Miss Lucile Petry, during her visit to the McGill School for Graduate Nurses, speak on the financing of nursing education, will not have any doubt that central schools, in conjunction with recognized medical educational centres, are the next step to be taken in the preparation of professional nurses to meet the demands being put upon nursing today. Now we wonder, are the present hospital schools of nursing willing to admit to the larger loyalties? Will they relinquish their hold on the student nurse, so that the central school can function as it should, and be free to place the students in the wider nursing field of the rural and small town institution as well as in the community health service, thus preparing her for that first level staff position, which we believe the student nurse should be able to fill upon graduation in hospital or public health services?

Evaluation of schools of nursing is the first step in helping schools of nursing improve their standards, and points to the day when a system of accreditation can be introduced. The Canadian Catholic Hospital Council is, at the present time, working on a plan of evaluation for use in the Roman Catholic schools of nursing. The committee is perfecting its method, and correcting a manual of instruction to be used in evaluation of schools, and it is the hope of the Educational Policy Committee that before long the C.C.H.C. committee will be able to discuss their technique, and possibly show the way toward that system of accreditation which we all believe to be so necessary in Canada's schools of nursing.

What shall go into the curriculum of the future? It is the belief of the Educational Policy Committee that, as the Metropolitan School progresses,

the curriculum being built up will give us the content for the Canadian Basic Nursing Course Curriculum. What eventually is built into it depends very largely upon our objectives, and the demands we propose to meet in nursing service. The content changes with these demands, and must be sound in principle, and flexible enough in procedure to enable the nurse to have knowledge, skill, and confidence to meet the multiplicity of nursing problems she will have to face as a student nurse, as a graduate nurse, and as a citizen in the hospital, the community, and the world.

Who should support nursing education? First of all, we need to have a better understanding of who is supporting nursing education at the present time? The answer of those who have actually carried out extensive studies is without reservation — "Student nurses." They are supporting nursing education by the work they do in the hospital wards, over and above the amount they need educationally in developing their skills, and learning the total care of the patient in the clinical services. The public wants nursing service, just as much if not more than it wants medical, dental, dietetic, and social service in the community. Yet the same public takes it for granted that those people seeking these professional forms of education, other than nursing, will be admitted to our large medical education centres, be enrolled as students, given experience in clinics, hospitals, community organizations, and pay in cash for only 35 per cent of their education in state-supported educational centres, and up to 65 per cent of their educational costs in privately endowed institutions. Yet the same public and educational institutions do not seem to see what is happening in nursing education, and how it is presently differentiated against!

Who should inform the public and seek co-operation in this matter? The answer undoubtedly is the nursing profession first of all; secondly, the university educational authorities and, thirdly, the medical profession, which depends more on nurses to assist it and to ensure proper patient care than any other of the allied medical service professions. At the last executive meeting, held March 17-19, 1948, the following motion was passed:

That the Committee on Educational Policy be asked to study the question of government (public) support of education, in various fields, and the conditions under which the professions concerned feel that it is satisfactory; and to bring in a suggested educational policy for the Canadian Nurses' Association.

Full-time secretary needed for Educational Policy Committee work: It has become increasingly clear, during this biennium, that no nurse in a full-time responsible position can devote enough time to the many and varied facets of the Educational Policy Committee to meet the requirements of the Canadian Nurses' Association's most far-reaching standing committee. The time seems to have come when full-time specialty people in nursing education are required — both at National Office, in research, and acting as a full-time secretary of this large and justifiably very active committee.

This and similar questions have been discussed by the various members. The chairman at the last executive meeting suggested that the services of a full-time person, to act as an educational secretary at National Office with the general secretary, was badly needed. An alternative proposal, to the sub-executive, was the establishing of a Bureau of Nursing in our national capital, with specialty people available to conduct nursing service studies across Canada.

It was agreed by the Executive Committee that action should be deferred on this matter until the Committee on Educational Policy has made a report on a suggested educational policy for the C.N.A.

Conclusion: Are We United?

In formulating such an educational policy for the C.N.A., can we state that nurses as a profession recognize the challenge of Canada today as a country of far frontiers, isolated communities, wide plains, from which its

wealth comes, and where we must maintain an adequate program of care of health and life as well as in the older and more populated rural and urban communities? Are we united in our acceptance of this challenge? Do we intend, in every way, to maintain standards of nursing by greater personal integrity, continued professional study, improved team work, and support of policy, which is for the improvement of nursing: (a) As a protective health service for the people of Canada; (b) as a gratifying and satisfying life's work; (c) as a broad and comprehensive preparation for good national and world citizenship.

AGNES J. MACLEOD, *Chairman*

Sub-committee on Auxiliary Workers

Following the very comprehensive report at the 1946 Canadian Nurses' Association meeting of the Sub-committee on Subsidiary Workers, which gave a progress report of the provincial plans for the training of nursing assistants, the present sub-committee may not appear to have accomplished much. As this biennium has been one of reorganization, it was some time before the sub-committee was set up.

The membership is largely confined to the environs of Toronto and the sub-committee is now meeting monthly. Seven meetings have been held to date. As all the members were new appointees, the committee felt it must first of all study current texts and articles and made "The Practical Nurse," by Dorothy Deming, the basis of its discussions.

Certain principles have been set forth to guide the study:

1. That the training of the nursing aide should follow definite educational principles.
2. Standardization in courses is valuable.
3. Supervision is essential — by the nursing profession in developing a nursing aide organization, by the employer in maintaining the standards set for the nursing aide, and by the individual graduate nurse.

The committee deplores the rigidity and "caste" system which appears in some institutions, and the reluctance on the part of some nurses to give a "better" type of training than generally exists today. A study of the age and educational qualifications of the nursing assistant in Ontario shows that neither affect achievement. Fifty per cent of the trainees in Ontario are over twenty-five years of age. A suitable achievement record for use in training centres is being developed.

The committee cannot approve of auxiliary staff performing advanced procedures, such as hypodermic injections. Where such complex procedures are assigned there is a relation to the supply of registered nurses in an institution. Additional training for selected experienced auxiliary workers to do such procedures might be entertained as a suggestion for future consideration.

A paper, "The Role of the Nursing Assistant," was given at the Institute for Hospital Administration, held in London, Ontario, in April, 1948. It is the hope of the committee that this might be printed in *The Canadian Nurse* at an early date.

The committee recommends: (1) That a standard uniform be adopted for nursing aides throughout Canada, and that the uniform be a one-piece green uniform with white Hoover apron; (2) that brown shoes and stockings be worn by nursing aides.

The committee has received reports from the provincial associations about the various provincial programs, and now that the preliminary study period is over hopes that during the next biennium it will be in a position to give some definite leadership in relation to auxiliary workers in Canada.

DOROTHY G. RIDDELL, *Convener*

Sub-committee on Male Nurses

At an executive meeting of the Canadian Nurses' Association in December, 1946, the following motion was passed:

"That the Committee on Nursing Education be urged to examine the courses offered to male nurses with a view toward making

recommendations for preparing male nurses."

Following this meeting a Sub-committee on Male Nurses, under the Committee on Educational Policy, was set up.

Activity: The committee to date has endeavored to secure information respecting the male members of the C.N.A. through questionnaires to both provincial associations and the male nurses themselves. To date thirty-one questionnaires have been completed by male nurses. From information gathered the following report is submitted.

Legislation: With the exception of the province of Quebec all provincial acts seem flexible enough to enable male nurses to register. At present the only associations including male nurses on their lists of registered nurses are Nova Scotia and Ontario.

Courses for male nurses: The provinces of Ontario and Nova Scotia are the only ones offering courses for male nurses leading up to registration. Courses reported from some of the other provinces seem to be for attendants or auxiliary nurses, mainly in mental hospitals.

Number of male nurses in Canada in 1948: Nova Scotia, 31 registered in good standing, 26 non-renewals; Ontario, 15 registered in good standing, 22 non-renewals in 1948. Total nurses — 94. Total registered in good standing — 46 (14 of the 46 are employed in D.V.A. hospitals).

Schools of nursing from which they have graduated: Victoria General Hospital, Halifax, N.S.; Nova Scotia Hospital, Dartmouth, N.S.; Glace Bay General and St. Joseph's Hospitals, Glace Bay, N.S.; Westminster Hospital, London, Ont.; Ontario Hospitals in Whitby and Hamilton.

Education: With the exception of three who had Grade IX and X preliminary education, all others had either junior or senior matriculation.

Employment: Apart from general nursing, the following fields of activity were reported: One attending Toronto University taking hospital administration. One operating-room supervisor. One operating-room staff nurse. One x-ray and laboratory technician. One in industry.

Contact with the association: Few have attended any meetings of the registered nurses' associations; any attendance reported has been at local meetings only. One mentioned a separate association for male nurses as being desirable.

Professional interests: With the exception of two, all seem to have found a real satisfaction in bedside nursing; several referred to their training period as being helpful and interesting. The specialties they are most interested in are urology and psychiatry. Several mentioned supervision, viz., on male wards, over orderlies, and the supervision of male students. The majority are interested in having a male nurse on this committee.

Comments in addition to the specific questions seemed mainly to refer to the same things: (1) Inadequate salaries, especially for married men. This has led many of them to seek other employment. (2) The unfairness of male nurses not having the same army rank as that extended to nursing sisters.

Such views were expressed as:

1. The lack of information to the public regarding male nurses and schools for training them.

2. The feeling that the Canadian Nurses' Association should exert itself more in relation to salaries and better support of its members in working situations.

3. That female nurses are not favorably disposed toward male nurses holding administrative and supervisory positions.

4. That a registered nurse, after three years' preparation, is frequently receiving a lower salary than that of a laborer.

5. That male nurses are definitely needed, especially in the care of male patients with genito-urinary conditions.

6. That more permanency could be maintained in hospital services where male nurses were employed.

Conclusion: The information received from male nurses points up the following questions:

1. Should salaries be higher for men than women? It is quite evident that a married man cannot maintain a standard of living in keeping with the social and professional status expected of a nurse under existing salary rates.

2. Is there a field for male nurses and should their training be encouraged?

3. Are there positions that male nurses could be filling more effectively than female nurses?

These seem to be some of the points to be studied before examining courses of study for preparation of more male nurses.

MARION MYERS, *Convener*

It is only an error of judgement to make a mistake but it argues an infirmity of character to adhere to it when discovered.

Joint Committee—1946-48

MISS F. MUNROE, who was chairman of the Joint Committee, Canadian Hospital Council and Canadian Nurses' Association from its inception, resigned in March, 1948. The Executive Committee accepted her resignation with regret.

The following is a résumé of the activities of the committee during this biennial period. Five meetings were held with representation from the Canadian Hospital Council, Canadian Medical Association, Department of National Health and Welfare, Department of Veterans Affairs.

At a meeting held on November 25, 1946, discussion centred around ways and means of meeting the problems connected with nursing, chiefly that of providing nursing service. Immediate and future plans were considered. Stress was placed on the need for hospitals to increase their staffs of maids, ward aides, porters, etc., thus relieving nurses of all duties which take them from nursing. It was also agreed that the opening of schools in small hospitals, or the lowering of entrance requirements to less than junior matriculation would be retrogressive. It was recommended that publicity for recruitment of student nurses and nurses' aides should be continued.

At the January and March, 1947, meetings, topics covering a wide range, which had been presented by committee members, were discussed. These included:

(a) Nursing service in hospitals and the reasons for shortage of staff; (b) nursing education and the need of a time study and cost analysis; (c) personnel policies; (d) the need for informing the public and the medical profession in regard to the above points; (e) the control of admissions in hospitals.

Following discussion these recommendations were approved:

That the offer of the Canadian Medical Association to undertake a campaign of education of its members be heartily endorsed and accepted.

That hospital salaries be brought into line with the standard practice for comparable work and preparation in the centres concerned.

That hours of duty and pensions should conform to a similar standard practice.

That the principle of the 48-hour week be supported with preferably a 44-hour week when personnel permits.

That all groups of persons providing nursing care for gain should be placed under licensure in every province.

That subsidiary workers should not be taught to give hypodermics, pour medicines, or give intramuscular injections.

That the Joint Committee through the Canadian Hospital Council recommend to the provincial hospital associations that they ask their member hospitals to set up records and bookkeeping entries in accord with some accepted uniform pattern in order to make it possible to obtain data which will be of use in ascertaining the real cost of nursing education and of nursing care and service.

That the Joint Committee endeavor to obtain the funds necessary for a proper investigation of the serious situation existing in regard to nursing and that, as the problem is a national one, the first approach be made to the Department of National Health and Welfare.

That the question of admission to hospitals be left to a sub-committee of the Canadian Medical Association and Canadian Hospital Council and the following suggestions be passed on to the sub-committee: the need for more convalescent homes to be stressed, a greater use of clinics for treatment and diagnosis, and that internes should be taught not to order unnecessary treatments.

Following this meeting a brief was prepared asking for a grant of money to enable us to conduct a scientific job analysis and cost study of nursing and nursing education, and was presented to the Minister of Health and Welfare on March 4, 1947. The Minister received us cordially and gave us generously of his time and attention and offered to make any suitable personnel from his department available for the study. No promise of financial help was received and we were advised to seek such help from the provincial departments of health as both education and public health come under the

jurisdiction of the provinces.

When the committee met again on March 18, the meeting with the Minister was discussed and it was decided to make an unofficial approach to Dr. W. A. MacIntosh, representative in Canada of the International Health Division of the Rockefeller Foundation, for the purpose of (a) ascertaining the possibilities of receiving financial assistance to carry out the proposed study and (b) arranging for an interview with an expert from the International Health Division of the Rockefeller Foundation who could give advice as to the best method of conducting such a survey.

The question of hospitals throughout the country undertaking to train nurses' aides, as urged in a letter from the American College of Surgeons, was brought up and it was recommended that an article opposing such a wide-open policy should be published in *The Canadian Hospital* for the information of all hospitals.

The committee met on July 8, 1947, at which time it was decided to write a letter to Dr. G. D. W. Cameron, the chairman of the Dominion Council of Health, outlining the purpose of the proposed "Time and Cost Study of Nursing Education and Nursing Care and a Job Analysis in Canada," and to present a formal request that the Dominion Council of Health should participate in implementing such a study as the problems to be solved are far beyond the powers of the associations concerned. The committee had been led to believe that one of the Foundations might be sufficiently interested in such a study as to contribute approximately one-third of the necessary funds and the Dominion Council of Health was, therefore, asked to provide either itself or through the provinces at least two-thirds of the financial assistance. On July 17, the letter went forward to Dr. Cameron.

It was agreed that it would be wise if such a study was to be undertaken to set up an advisory council with wide representation from such groups as the Canadian Association for Adult Education, the Canadian Educational Association, Canadian Public Health Association, the Federated Women's Institutes of Canada, etc. It was proposed that at some future date, when details of the study would be nearly completed, to hold a two-day meeting of members of such an advisory council, of prominent citizens and of the press, in Ottawa, to discuss all problems in connection with carrying out the study and thus create a favorable public opinion.

A meeting of the Dominion Council of Health took place in Ottawa on October 15-17; the request of the Joint Committee was on the agenda and the question was presented to members of the Council (the provincial deputy ministers of health) for their consideration prior to the meeting. It was recommended that the Canadian Nurses' Association take steps through the provinces to assist the Deputy Ministers of Health to inquire into each provincial problem and the resources available to an extent sufficient for each Deputy Minister to adequately render a considered opinion as to the advisability of carrying on a national study. The material was sent to the secretaries of the provincial nurses' associations, asking each to supplement it with provincial data and to present it to the Deputy Minister of Health. The report of this meeting was received on November 18.

There was a lively discussion of this proposal and of the associated proposal of a trial school of nursing. The members of the Dominion Council felt that information regarding ways and means of improving the supply of nurses and hospital staffs would be of great value, particularly in view of the acute shortages now existing. However, there was some puzzlement and lack of unanimity regarding the best method of securing this information. The preliminary sketch plan of study was presented, but they felt that they would have to have more detail as to exactly how the study would be carried on in each province. In effect they wanted a concrete plan including costs which each Deputy Minister could take home for discussion. You will readily understand that each of them was considering the proposal as it related to his province and, therefore, each was most concerned to know precisely how the job would be done in

his province, how much it would cost, who would provide the staff, how long it would take, and so forth.

Another point of view was that a great deal of information bearing on this problem is already available on a national scale from the United Kingdom studies and from allied work in the United States, and that enough is already known to enable the responsible authorities to make the appropriate revision of present methods of nurse training and the proper utilization of nurses and other staff. Also, the point was raised that surveys have in the past proved to be of little value unless they are pushed through in a very short period of time and immediate remedial action taken. Many such job analyses and training methods surveys have been done in the past. They have usually taken a long time and, when finished, the final report had little significant relation to conditions then existing.

It was suggested that an enlarged committee work this matter out in greater detail, spelling out the work to be done, personnel required, costs, etc. This would have to be discussed with the provincial authorities and their support gained before we can count on the enthusiastic co-operation and support of the Dominion Council as a whole.

With reference to information already available from the United Kingdom studies and similar work in the United States, neither of these deals with the nursing situation in Canada and the primary aim of the suggested study was to find ways and means of supplying nursing service of all types to meet the needs of Canada. Such a study should result in findings which would be invaluable to us. Some of the outcomes which might reasonably be expected are noted. No reference is made to the interests of the community. This limited approach was deliberately chosen because the nursing profession has more at stake than any of the other groups which would participate in the study and must, therefore, be ready clearly to state and strongly to defend its own position.

1. All phases of nursing service and education would have been explored by authorities of such high standing that their findings would be accepted as valid, both by the groups directly concerned and by the community at large.

2. A definite estimate would be available of the number and qualifications of professional nurses of all types that are likely to be required in the major branches of nursing over a ten-year period.

3. Expert advice would be offered concerning potential recruitment of the necessary professional personnel. Estimates of the enrolment which might be expected in schools of nursing would be made in the light of long-range population trends.

4. Authoritative estimates would be available, based on cost analysis, of what it costs a hospital to operate a school of nursing in which good standards are maintained with respect to clinical and educational facilities, working conditions, and housing.

5. The cash value of the services rendered in such hospitals by student nurses would be clearly defined.

6. A detailed scientific job analysis would indicate the nature of the duties commonly performed in hospitals, public health nursing agencies (including industry), and in visiting nursing services by graduate nurses, student nurses, auxiliary personnel, and domestic workers respectively.

7. An appraisal would be made of the value of the educational activities now being carried on in representative schools of nursing operated by hospitals.

8. A report would be available concerning the educational activities, at the undergraduate and the graduate level, in schools of nursing and departments of nursing associated with universities.

9. Recommendations would be formulated concerning any changes or modifications which appeared to be desirable in the educational and administrative policies of schools of nursing in general.

10. A statement would be made concerning types of schools of nursing completely different from those now in existence and which it might be desirable to set up.

11. A report would be made of the present status of private duty nursing, including special nursing in hospitals, together with a statement respecting conditions in registries.

12. A statement would be made concerning the present status of public health nursing, including industrial and visiting nursing. This report would point up the close interrelationship and interdependence which exists between these activities and hospital and private duty nursing.

13. The preparation, employment, super-

vision, licensure, and control of auxiliary nursing personnel would be reported upon. A statement would be made, based on job analysis, concerning the duties which might safely be assigned to them. The possible economic impact of this group upon professional nursing could be forecast.

14. Recommendations would be made concerning the assembly and maintenance of complete and authoritative statistical records, related to the demand for and the supply of various types of nursing service, both professional and auxiliary, in all parts of Canada.

15. Recommendations would be made concerning ways and means whereby professional nurses might be accorded their rightful share in all long-range, large-scale planning both in the hospital and public health field.

At the last meeting of the committee, held January 16, 1948, discussion centred almost entirely around the action of the Dominion Council of Health in regard to the requested study of nursing, nursing education, and nursing service. Possible non-governmental sources of financial assistance for a study were suggested but it was generally felt that, unless such a study had the support of the national and provincial governments, it would be impossible to implement some of the most vital recommendations which we anticipated would be made. It was, therefore, agreed not to pursue the question of the study at present.

Press clippings continue to show an antagonistic and critical attitude towards nurses.

The Canadian Hospital Council Executive plans to place before the public certain facts in connection with the position of the hospitals and the impossibility of 170 schools of nursing bearing the whole load of supplying nurses to meet all needs in Canada without outside assistance. They will point out that the solution of this problem is now a responsibility of the *people as a whole* and that the whole subject should be given a thorough review which will probably result in far-reaching recommendations.

The Canadian Hospital Council is recommending to the provincial hospital associations that joint committees be set up provincially to include representatives of the nurses, doctors, hospitals, and departments of health and education, as well as prominent citizens to study the problem of supplying nurses in an effort to find a long-range and permanent solution. In this connection we might remind ourselves that at the meeting of the Canadian Nurses' Association in Toronto on July 4, 1946, a similar resolution was passed:

That the Canadian Nurses' Association recommend to the provincial registered nurses' associations that they immediately form committees representative of all branches of nursing, hospital administration and hospital associations, the medical profession, the provincial governments, including both health and education departments, and selected interested community organizations, for the purpose of studying these problems with a view to outlining specific plans for meeting the situation as speedily as possible.

The Joint Committee has functioned for two years and has promoted a better understanding between the members on the committee and we hope also between the groups which they represent. Nurses cannot isolate themselves, neither can they create a good public opinion by publicly criticizing the hospitals and the medical profession.

GERTRUDE M. HALL, *Secretary*

Committee on Student Nurses' Activities

In the last report of this committee we stated our objective, which was to promote and assist in the establishment of provincial student nurses' associations.

The first part of our objective, that of promoting, was attempted by forwarding the history and constitution of the Manitoba Student Nurses' Association to all provincial associations. The associations were invited to comment on Manitoba's action and to tell us

what their own experience had been. British Columbia replied that a Student Nurses' Association was organized in that province in April, 1947, and that in spite of some problems at first it was now an energetic and progressive organization. All other replies told of special problems and circumstances but no organization.

Our committee feels that all are very much in accord with British Columbia and Manitoba and that when their special obstacles are overcome they will call upon us for assistance. When they do we will have accomplished the second part of our objective.

Manitoba's Student Nurses' Association is sending a representative to the biennial meeting in Sackville. She will be willing and anxious to answer any questions concerning her association.

FRANCES H. WAUGH, *Convener*

Exchange of Nurses Committee

In accordance with the regulations of the Canadian Nurses' Association, this committee is composed of a convener appointed by the C.N.A., the general secretary, C.N.A., who acts as the secretary of the Exchange Committee, and the chairman of the Committee on Educational Policy, C.N.A. The remaining members of the Exchange of Nurses Committee are appointed by the members mentioned above. The committee thus constituted includes the following: Ethel Johns (chairman), Gertrude M. Hall (secretary), Agnes Macleod (chairman, Committee on Educational Policy, C.N.A.), Norena Mackenzie, Eileen Flanagan, Suzanne Giroux, Edna Moore, Esther Paulson, Bertha Pullen.

All members have served throughout the two-year period and, as convener, I should like to express most sincere appreciation of their unfailing interest and co-operation.

The sub-committee: Since the members reside in widely separated parts of the country and immediate action was frequently necessary, it seemed to be desirable to set up a subcommittee which could maintain personal contact with National Office. The convenership was accepted by Miss Norena Mackenzie and, in addition to serving as a link with National Office, this group has not only outlined admirable programs of observation and practice in the hospital field but has also paved the way for putting them into operation. Miss Moore has given expert attention to the public health nursing aspects of the committee's program and Miss Suzanne Giroux has been available for valuable guidance with respect to opportunities for French-speaking candidates.

Special problems: Complex and continually changing governmental regulations, with respect to immigration and foreign currency exchange, have necessarily complicated the work of the Exchange of Nurses Committee and have entailed a great deal of work on the part of Miss Hall in her dual capacity as general secretary of the C.N.A. and secretary of the committee. As always, her response has been both cordial and effective. Miss Macleod and Miss Flanagan have given her most valuable assistance in conferring with various government officials whose attitude, it is pleasing to record, was always sympathetic and helpful. The factors of time and expense have made it impossible to hold a full meeting of the committee but although Miss Paulson and Miss Pullen were not able to be present, they made a notable contribution by affording advice and timely suggestions.

Principal activities: These may be summarized as follows:

1. Setting up tentative standards concerning the sponsorship and qualifications of potential candidates.

2. Suggesting the general character and extent of the experiences which should be offered to candidates in various fields and indicating the possible situations in which these could best be obtained.

3. Examining the financial factors involved from the point of view of the candidate and of the institution or agency to which she might be assigned.

4. Investigating means of obtaining various forms of insurance which would protect the candidate in case of illness or accident.

5. Preparing, with the aid of legal counsel, a tentative and simple form of contract to be signed by candidates, which would protect the interests of all concerned.

6. Consulting various governmental

authorities with respect to the entry of candidates into Canada and their return to their countries of origin.

7. Approaching the National Nursing Council of Great Britain and Northern Ireland in order to elicit its general reaction to the proposed plan for exchange and to ascertain whether this council is prepared to sponsor candidates.

Delay in implementing the proposed plan: It is disappointing to be forced to admit that, in spite of all this elaborate preparation, not a single exchange has as yet actually taken place although there have been several candidates. The confused state of international currency exchange has made it necessary to make haste very slowly. Obviously, it would be most unwise for the C.N.A. to encourage the entry of candidates who, through no fault of their own, might make it necessary for the association to assume heavy financial responsibility.

A recent development: An unexpected development seems to indicate that the C.N.A may be called upon to put the plan into operation on a larger scale and at an earlier date than the Exchange of Nurses Committee had anticipated. A request was made, through governmental channels, by the Women's Public Health Officers Association of Great Britain that an exchange be arranged between qualified members of that organization and Canadian nurses possessing comparable qualifications. This request finally reached the Secretary of State for External Affairs in the Dominion Government and was referred through the Deputy Minister of National Health to the C.N.A. It is gratifying to learn that this action was taken with the approval of the Canadian Public Health Association. At a meeting of the Exchange of Nurses Committee held on April 15, 1948, it was agreed that (a) the committee should prepare a tentative plan for such an exchange; (b) Miss Moore should be asked to outline policies and procedures relevant to it. The whole question will be presented for consideration at the biennial meeting of the C.N.A.

ETHEL JOHNS, *Convener*

Canadian Florence Nightingale Memorial Committee

As far as this committee is concerned, the two years can be sharply divided into the following two periods: (1) From July to September, 1946: the approach to plans for the future. This period ends with the meeting of the Grand Council in London at which time the arrangements were made for a Study. (2) The period of the Study from September, 1946, to the present.

In September, 1946, the representatives of this committee met with other members of the Grand Council in London. It was evident that many countries wished to have reorganization of the F.N.I.F. With this in view the I.C.N. presented a resolution asking for an extensive Study of the original purposes, the present organization, and full consideration of all activities of the Foundation. The Canadians, together with many others, supported this resolution heartily.

As a result of the above decision, the Foundation has been marking time in its work venture. A certain amount of activity has been undertaken to arrange courses of study and educational visits for graduate nurses from a few countries. All discussion of policies and future plans has been left while awaiting the recommendations of the Study.

The report of the Study will be presented by Dr. Muriel Uprichard at the meeting of the Grand Council in London in September, 1948.

Financial report: The Canadian committee has received financial help to the extent of $400 from the Canadian Red Cross Society and $400 from the Canadian Nurses' Association. It is hoped that an additional sum of about $250 may accrue from the sale of the copies of Mrs. Seymer's oration on Florence Nightingale.

From this sum £100 has been forwarded to the headquarters of the F.N.I.F. to assist with current expenses and £100 has been forwarded in support of the Study.

Membership: The present members of this committee are: Misses Hall, Fidler, McCorquodale, and Neill, appointed by the C.N.A.; and Jean Browne, Helen McArthur, and Miss Russell appointed by the Canadian Red Cross Society.

E. KATHLEEN RUSSELL, *Convener*

British Nurses' Relief Fund

At the biennial meeting held at Toronto in 1946, it was decided "that the British Nurses' Relief Fund be continued and that additional funds be raised in order to assist with urgent needs as these might present themselves from time to time." These needs have presented themselves in many and various ways and the members of the C.N.A., through provincial associations, alumnae associations, districts, and chapters, have continued to show interest and sympathy with their professional sisters who, following the long years of war, have had no respite from the shortages of food, clothing, and those amenities of life that mean so much to the average man or woman.

The general secretary and convener had the opportunity of visiting Holland as well as the Royal College of Nursing following the board meeting of the I.C.N. At that time the C.N.A. had "adopted" Holland and was sending food and clothing to the nurses of the Netherlands who had suffered such hardships during the years of enemy occupation. However, as a result of national effort, together with an excellent harvest, the food situation had materially improved by the fall of 1946 and was definitely better than

Financial Statement — British Nurses' Relief Fund, 1941 to December 31, 1947
(For presentation at the Executive Committee meeting, March 18-20, 1948)

	Receipts		Disbursements		Misc. Charges Postage, etc.	Balance in Bank as of Dec. 31 in each year
Year	Provincial Donations	Bank & Bond Int.	Royal Col. of Nursing	Misc. Donations (as named)		
1941	$27,854.30	$ 19.90	$15,500.00		$19.20	$12,355.00
1942	19,914.84	82.57	11,000.00	Hong Kong.....$100.00	16.98	21,235.43
1943	6,080.33	165.85	(Bond Pur.) *$5,000.00	Malta.....$4,471.29	3.84	18,006.48
1944	2,614.49	217.53	9,800.00		7.49	11,031.01
1945	485.72	193.38	5,000.00		211.18	6,499.93
1946	*3,980.77 (Sale of Bd.) ($5,000.00)	414.32	14,842.00	Greek Nurses....$500.00	153.58	399.44
1947	2,539.45	3.00 (Transfer) ($254.76)	24.59	Finnish nurse — *The Can. Nurse*....6.50 I.C.N.....179.61 European Nurse to I.C.N.....1,508.66	94.73	1,382.56
Total	$63,470.90	$1,351.31	$56,166.59	$6,766.06	$507.00	

Total Receipts — $64,822.21
Total Disbursements — $63,439.65
Bank Balance — $1,382.56

*The purchase and sale of the $5,000 Bond is not included in any of the above totals.

that experienced by the people of Britain. It was, therefore, decided to recommend that food parcels to Britain be increased and those to Holland decreased. The Dutch nurses were quite cognizant of the changing picture, although they were still experiencing shortages in clothes, soap, etc.

The C.N.A. president, general secretary and convener also visited one of the Rest-Break Homes in England for nurses who had been injured or whose health had been seriously affected by war conditions and, as has been previously announced through *The Canadian Nurse*, most generous and attractive furnishings and equipment were forwarded for Barton Home near Salisbury. The appreciation of British nurses for this assistance has been expressed in so many ways and with such sincerity, as was evidenced by requesting Her Royal Highness Princess Alice to officially open the home in April, 1947.

In August, 1947, the general secretary was notified that the "War Charities Act," under which this fund has functioned since its inception, was to be closed. Information was requested as to what the C.N.A. planned to do with the balance. The committee members recommended that it be used for: (1) sending food parcels to Britain; (2) furnishings for the new Rest-Breaks Home in the north of England. At this time a request was made for a grant to purchase warm clothing for two international students who were studying in Toronto. This request was granted prior to the final closing of the fund under government egis. However, because of present world conditions and the continued shortage of food in Britain, the committee further recommended that a fund be continued "to meet such needs as will inevitably arise during these years of international unrest and distress."

Assistance was given to the Netherlands Nurses' Association to pay the travelling expenses of their delegates to the I.C.N. Congress at Atlantic City. The American Nurses' Association had financed the delegates from several countries and as a result the Congress was much more truly international in representation than would otherwise have been possible owing to the financial restrictions in most European countries.

Food is still the most urgent need and it is gratifying to know that nurses throughout Canada continue to send parcels to individuals as well as to hospitals. Some requests, such as for teaching material for schools of nursing in Holland, (which the committee would have gladly endorsed knowing of their difficulties), were not met because of the international financial situation.

In presenting this, the final report of the British Nurses' Relief Fund, the convener wishes to express her appreciation of the assistance given by Miss Hall who is secretary-treasurer of the fund and also of Miss A. J. MacMaster who has been a member since the fund was opened in 1941.

All agree that it has been a great privilege to participate in the committee's work. One would like the more recent members of the C.N.A. to know that during the war years immediate financial help was cabled frequently in an effort to relieve distress and to meet the urgent need of nurses who were injured or had lost such personal equipment as is essential in one's daily life.

The committee is gratified to learn that the C.N.A. is continuing its relief work directly from National Headquarters.

The financial statement, including details of disbursements, is attached.

The members of the committee wish to record their thanks to Miss Goodall of the Royal College of Nursing and her committee for their able handling of the funds sent by C.N.A. and also for the excellent reports of the disbursements.

GRACE M. FAIRLEY, *Convener*

War Memorial Committee

The terms of reference of this special committee, following its sanction at the biennial meeting, 1946, were:

1. Inasmuch as a Memorial other than that erected by the Canadian Nurses' Association to commemorate the services of nurses who served in World War I does not seem necessary,

That appropriate words to commemorate the services of the Canadian nurses who served in World War II be inscribed on the Memorial already erected by this association in

the Hall of Fame in the Parliament Buildings of the Dominion of Canada.

2. That the Canadian Nurses' Association pay tribute to the courage, fortitude, physical and mental sufferings of all nurses through the world who served in World War II through the establishment of a library or libraries in one or more foreign countries whose libraries were destroyed during the war.

Under authority of the Executive Committee at its meeting, July 5, 1946, the convener was privileged to appoint the members of her committee. The basis for selection approved for the national committee formed the suggested pattern for the active provincial committees, viz., representatives of the nursing services of the Army, Navy, Air Force; of the nursing sisters of World War I; of the religious sisterhoods; of civilian hospitals and public health nursing organizations.

An objective of $32,000, apportioned on the basis of provincial quotas, was approved in December, 1946. Though this total has not been reached, very considerable sums have been made available through thousands of donations. The cause was recognized by the Federal income tax authorities as a charitable one and deductions are permitted from income tax.

Considerable publicity was given to the War Memorial through the pages of *The Canadian Nurse*. In addition, the provincial committees carried on very active publicity campaigns in their respective areas. Four provinces—Manitoba, New Brunswick, Alberta, and Ontario — surpassed their quota. The Association of Nurses of the Province of Quebec made a special donation of 120 copies of the French translation of a textbook on surgical nursing, Eliason, Ferguson and Farrand's "La Garde-Malade en Chirurgie." The accompanying financial statement presents the cumulative totals by provinces and the expenditures which have been made, as at April 30, 1948.

Receipts (by provinces)		*% of objective*
Alberta	$2001.00	100.0
British Columbia	1982.00	53.3
Manitoba	2163.90	108.2
New Brunswick	973.35	108.2
Nova Scotia	737.00	46.0
Ontario	10,842.60	108.4
Prince Edward Island	155.66	77.8
Quebec	2276.53	22.8
Saskatchewan	1059.29	66.2
Other	510.25	—
	$22,701.58	70.94
Disbursements		
Publicity, book-plates, purchase of books		$ 3,692.88
Packing of books (20 cases)		85.00
Shipping charges		349.50
Bank exchange		.80
		$ 4,128.18
Total receipts		$22,701.58
Total disbursements		4128.18
Balance on hand		$18,573.40

The promised gift of fifty complimentary subscriptions to *The Canadian Nurse* was implemented by a list received from the executive secretary of the International Council of Nurses. At the end of the first year, these subscriptions were renewed for a period of three years by the War Memorial Committee.

A special book-plate, designed by Miss Joyce Rea, Vancouver, was selected from the numerous entries submitted. This has been affixed in each book chosen by the committee.

In the autumn of 1947, with lists of textbooks which had been prepared by the Instructors Group, Institutional Nursing Committee, as the guide, token libraries of fifty books each were purchased and despatched to the following countries which had suffered devastation during World War II: Austria, Belgium, Bulgaria, China, Czechoslovakia, Denmark, Finland, France, Germany, Greece, Holland, Hungary, Italy, Japan, Korea, Norway, Philippines, Poland, Roumania, and Yugoslavia. Acknowledgement has been received from only twelve of the twenty countries to date. The Executive Committee has directed that purchases be limited to textbooks rather than including other forms of teaching equipment such as wall charts, models, etc. The shipment of additional enlarged collections of books is pending.

In pursuance of the first assignment, letters were written to the Minister of Public Works requesting permission to affix a specially carved plaque of Garson marble in the blank space immediately below the central figure in the statuary group. The following inscription had been proposed, "A tribute to all nurses who served in World War II, 1939-45, from the nurses of Canada." The opinion which has been received states that since "the

Memorial was designed for and dedicated to those nurses who died on active service, 1914-18 . . . if a new inscription were added in a more prominent place than the existing inscription, it would to some extent destroy the original intent of the Memorial. It was also thought that if a plaque of any description were added for space for a new inscription, this would detract from its chaste dignity."

In the light of these considerations, the suggestion was received that "1914-18" be engraved on the left side of the central blank space, "1939-45" on the right. "The original tribute would not be affected and, furthermore, it would provide the amplification necessary for the proposed new inscription which would designate the two periods of service."

In view of the present unsettled state of world affairs, this committee recommends that this project be abandoned for the time being and all moneys concentrated on the living memorial.

Though the campaign to raise the funds for the Canadian Nurses' War Memorial terminates with this biennium, the work of the special committee has not been completed. It is, therefore, recommended that this committee be reappointed until it completes its task.

MARGARET E. KERR, *Convener*

National Publicity Committee

At a meeting of the Executive Committee, Canadian Nurses' Association, held in Toronto on July 5, 1946, it was agreed that in view of the curtailment of the publicity program following discontinuance of the Government Grant, a small National Publicity Committee should be formed. The members of the committee are: Margaret Kerr, E. A. Electa MacLennan, national secretaries, Christine Livingston, convener.

The purpose of the committee is: (1) To formulate a policy for the continuance of national publicity. (2) To prepare press releases to offset adverse press publicity with regard to the present nurse shortage.

Five meetings of the committee have been held since its formation.

Pamphlets: At the first meeting, the publicity material available was reviewed. It is as follows: Have You Got What it Takes to be a Nurse? Psychiatric Nursing. Tuberculosis Nursing. General Staff Nursing. What You Want to Know About Nursing. Opportunities Offered to Graduate Nurses in Universities and Hospitals in Canada. The Canadian Nurses' Association is Your Association. How to Choose a School of Nursing. Opportunities in Nursing in Canada.

These pamphlets were commented upon favorably in *The British Journal of Nursing*. Visitors from the International Congress of Nurses also commented on their value.

It was agreed by the members of the committee that there is a need for additional pamphlets in various fields of nursing, and that steps should be taken to prepare pamphlets dealing with different aspects of public health nursing; that special pamphlets dealing with industrial, orthopedic, and pediatric nursing be an objective of the national publicity program. It was further agreed that every possible avenue of securing financial assistance for additional publicity be explored — insurance companies, industrial fields, manufacturers, and drug companies, and that restricted advertising by the sponsor be permitted. The preparation of new pamphlets has been delayed.

A sub-committee was appointed to advise on the revision and content of the pamphlet "How to Choose a School of Nursing." This pamphlet was revised after approval of a draft submitted by the sub-committee and has been in use since August, 1947.

Press clippings: In order to inform as wide a group as possible of the favorable and unfavorable publicity being accorded nursing in the public press, it was recommended by the committee that regular monthly releases, containing the most pertinent excerpts, be prepared from the press clippings received and that this material be sent in mimeographed form to the provincial executive secretaries. This project is being carried on by Miss Winnifred Cooke, secretary.

Publicity agent: Mr. T. G. Jaycocks, camera journalist of Toronto, attended a meeting of the Publicity Committee held on September

29, 1947, to present a brief regarding possible services to the Canadian Nurses' Association. The substance of his proposal is as follows:

Mr. Jaycocks would undertake the preparation of reading material, illustrated with suitable photographs, to represent a true picture of nursing in Canada, the articles to have a special appeal to the general public and to the parents of prospective student nurses. Mr. Jaycocks would also be responsible for their publication in national and provincial magazines as well as in special sections of the daily press, following the approval of the Publicity Committee. This service would be available for a retaining fee of $50 per month.

The question of financing the project was considered by the members of the committee and an appeal was made to the Blue Cross for financial assistance. Although sympathetic to the appeal it was stated by a representative of that association that funds were not available for such a purpose.

The Publicity Committee was favorably impressed with Mr. Jaycocks' proposition but due to lack of financial support no action has been possible.

Special activity: In February, 1947, an article appeared in *Maclean's* magazine, entitled "Bedside Crisis," by Max Braithwaite. This article had given rise to adverse publicity. A three-quarter page advertisement sponsored by *Maclean's* appeared in daily newspapers and received sharp criticism from various nurse administrators. An emergency meeting of the Publicity Committee was called to deal with the situation. Following approval of the president, a two thousand word editorial was prepared for press release. Favorable comments were received on this editorial.

Before concluding this report may I thank the members of the committee for their co-operation during the biennium we have worked together.

CHRISTINE LIVINGSTON, *Convener*

Committee on the History of Nursing in Canada

This committee, appointed after the Halifax meeting in 1938, was asked to study the matter of preparing a history of nursing in this country. With the assistance of provincial sub-committees, a considerable volume of material was amassed and, in the autumn of 1944, Dr. J. Murray Gibbon agreed to undertake the writing of the story in collaboration with the convener. The manuscript was put in the hands of The Macmillan Co. of Canada in November, 1945. There were many delays and disappointments before the finished book, "Three Centuries of Canadian Nursing," was submitted to you in December, 1947.

The objective of the committee, as approved by you, was to present a readable record of the broad development of nursing in this country rather than a card index of every hospital, nursing school, and nurse playing any part in that evolution. It would be impossible that the selection and presentation of the material should meet with universal approval, but the general response of the profession and of the press has been favorable.

The record of three hundred years of Canadian nursing has been preserved in permanent form thanks to the herculean labors of Dr. Gibbon. Your committee wishes to express its deep appreciation of his interest and skill. It might not be amiss to remind the nurses of Canada that this book was written and produced under the stress and strain of wartime conditions, that the cost of production and distribution was assumed by The Macmillan Co. of Canada, and that the total expenditure of the Canadian Nurses' Association was approximately $750. This amount included $400 to the publisher towards the cost of cuts for liberal illustration, some expenses of the provincial sub-committees for typing, and the travelling expenses of members in attending meetings of the committee. As the publisher is to pay a 2 per cent royalty to the Canadian Nurses' Association on all copies of the history sold after the first year, it would seem that the expenses incurred will be refunded in full.

The two filing cases of material submitted by the provincial sub-committees are in safekeeping and, in due course, will be returned to the provincial associations to form the nucleus of permanent provincial archives. It is most strongly recommended that each province make definite plans to preserve these collections and to augment them consistently with the records of today which will rapidly become the history of tomorrow.

It would appear that your committee has fulfilled its task and that its dissolution is now in order.

MARY S. MATHEWSON, *Convener*

Loan and Bursary Committee

Although our activities at this time are few compared to the years of the Government Grant, a very useful purpose has been served. Nurses who would be unable to attend or complete post-graduate courses have been enabled to do so by means of loans. Loans are interest-free for a period of three years and repayment should start as soon as possible after completion of the post-graduate course. In almost every instance, repayment has been made promptly.

Ten loans were granted during the last two years. Recipients ranged from New Brunswick to British Columbia and the amounts varied from $250 to $500.

Two bursaries were awarded for post-graduate study on an advanced level. The courses have been completed and both recipients are making valuable contributions to the cause of nursing in Canada.

Our financial state is healthy. This is demonstrated by the accompanying financial statement. New applications are being received for consideration.

Slight changes have been recommended for application forms which will, we hope, facilitate interpretation.

The resignation of Miss Elsie Allder from the committee was accepted with regret.

CATHERINE L. TOWNSEND, *Convener*

BIENNIAL FINANCIAL STATEMENT

Bank balance as at May 15, 1946		$6,196.89
RECEIPTS		
Loan repayments	$3,683.54	
Refund of Government Grant bursaries, credited to loan account	280.00	
	$3,963.54	
Bank interest	61.53	
		4,025.07
		$10,221.96
DISBURSEMENTS		
Loans granted	$3,650.25	
Bursaries granted	1,003.25	
Amount of subscription to *The Canadian Nurse* remitted to C.N.A. in error $2.00. Adjustment of error made by bank $0.02	2.02	
		$4,655.52
Bank balance as at May 1, 1948		5,566.44
		$10,221.96

Alberta Association of Registered Nurses

Alberta Registered Nurses Act: Section 4 was revised. Assent was given by the Alberta Legislature on March 31, 1948. Revised Section 4 makes provision for: (1) more liberal educational qualifications; (2) easier reciprocal registration; (3) Alberta graduate nurses not registered previously, to become registered; (4) establishment of a central school of nursing; (5) training of male nurses; (6) registration of graduates of an approved course of nursing less than three years in length.

A.A.R.N. By-laws have been completely revised. Two of the most significant changes relate to the establishment of: (1) an *associate* (non-practising) membership with liberal privileges — fee $1.00 annually; (2) an active membership annual fee of $8.00, commencing January 1, 1949.

A.A.R.N. active membership was eleven

less in 1947 than in 1946, which indicates that more nurses are discontinuing nursing because of marriage and of residence outside of Alberta than are being graduated from Alberta schools of nursing and are coming to this province.

A.A.R.N. general meeting program for 1948 was a decided success — excellent papers, travel films, discussion, and the biggest attendance since 1942.

A.A.R.N. News Letter was issued in printed form commencing March, 1948. Each active and associate member receives a copy.

A.A.R.N. pamphlet, "Nursing a Profession," was revised in 1947 and copies of it were sent by the Department of Education to each high school in Alberta.

British nurses have been most appreciative of the parcels sent by A.A.R.N. districts, alumnae associations, and individual nurses.

A *central school of nursing*, in addition to the existing eleven schools of nursing, is being urged, planned for, and some day will be in evidence.

Dominion-Provincial Grants to student nurses are decreasing in number. In 1947 there were only eight.

Nurse Placement Service has operated in conjunction with the Edmonton branch of National Selective Service, since April 1, 1947.

Nurse shortage is still acute, but faint traces are seen of greater stability.

Nursing aides: The Nursing Aides Act was passed in 1947. A school for nursing aides was established in Calgary under the direction of Miss F. J. Ferguson, R.N. The graduate aides seem to have the all-essential "spirit of nursing" and are doing very commendable work.

Personnel policies relating to nurses employed in hospitals have been revised and if approved by the Associated Hospitals of Alberta will be printed.

Private duty nurses' registries are having increasing financial difficulty. Attempts of the Edmonton and Calgary registries to obtain financial support from doctors, who have used the registries for many years "free of charge," have met with meagre results. Having had someone provide nurses for their very ill and wealthy patients for many years, a great deal of "education" is needed before most of them can be persuaded to pay for the service. Registry fees paid by private duty nurses have been increased to $15 annually. Nurses are charging $6.00 per eight-hour day.

"Regulations governing schools of nursing in Alberta" and *"Regulations governing nurse registration examinations in Alberta"* were revised in 1947. These pamphlets are printed by the University of Alberta.

War Memorial Fund: Alberta nurses met their commitment of $2,000, even though the "type" of memorial did not meet with great approval. E. BELL ROGERS, *Registrar*

Registered Nurses' Association of British Columbia

Membership: On January 1, 1946, total membership was 3,576, one year later 3,925 and on January 1, 1948, 4,191 — a gain of 615 members.

Statistics regarding new registrants over a period of nine years reveal a striking change in the ratio of graduates from British Columbia schools of nursing and graduates from other provinces and countries:

	B.C. Schools	*Other*	*Total*
1939	245	74	319
1940	261	98	359
1941	228	182	410
1942	253	176	429
1943	291	161	452
1944	316	185	501
1945	314	198	512
1946	413	244	657
1947	319	349	668

Organization: Two new chapters have been organized. The seven districts now comprise twenty-nine chapters, the three remaining chapters being situated in unorganized districts. News bulletins mailed to districts, chapters, and members, minutes of district and chapter meetings mailed to the provincial office, and periodic visits to chapters by the registrar and director of Placement Service serve to unite the activities and thinking of our scattered members. District representatives (councillors) attend three council meetings in Vancouver each year. This year, for the first time, chapter delegates attended the annual meeting at the expense of the provincial association. This step was taken to ensure representation from even the smallest chapters which heretofore found it difficult to finance the sending of a delegate and was agreed upon in lieu

of a proposed increase in the rebate from the annual registration fee to districts and chapters when the annual fee was increased to $10. Delegates from twenty-seven chapters attended the meeting.

Legislation: Changes in Constitution and By-laws in 1947 abolished sections and created five new standing committees: Committee on Private Duty Nursing; Committee on Public Health Nursing; Committee on Institutional Nursing; Committee on Educational Policy; Committee on Student Nurse Activities.

The Labor Relations and Health Insurance Committees, previously special committees, were made standing committees. Provision for a re-instatement fee of $10 was obtained.

This year amendments to the Registered Nurses' Act: (1) Reduced the age for admission to schools of nursing from nineteen to eighteen years; (2) provided for "reciprocal" registration with or without examination or further training; (3) gave power to the council to make regulations, subject to the approval of the Lieutenant Governor-in-Council, concerning curricula and standards in schools of nursing and to withdraw approval if such regulations are not observed; (4) made the association exempt from the provisions of the Employment Agencies Act, thus permitting private duty directory fees.

Amendments to the Constitution and By-laws this year made certain changes in fees: (1) An initial registration fee of $10 for graduates of British Columbia schools of nursing, and $15 for nurses registering by reciprocity, both fees to include the membership fee for the fiscal year of registration; (2) a semi-annual private duty directory fee of $6.00.

Placement service: An ever-increasing number of nurses are turning to Placement Service for assistance in selecting positions and for information on employment conditions for specified positions. Employers have been more prompt and explicit in listing vacancies, notifying when positions are filled, sending in reports on nurses who have resigned, and notifying of changes in terms of employment.

The enrolment on the private duty directories and the number of calls for nurses have shown a remarkable increase. The placement of practical nurses through the Vancouver directory, which was commenced as an experiment for one year, is being continued. It is, without question, appreciated by the public and doctors.

The decision to charge a directory fee was necessitated by mounting costs and was made reluctantly. It is estimated that the sum which will be realized by directory fees will cover less than 50 per cent of the cost of the directories.

Labor relations: At our 1946 annual meeting, recommended personnel practices were approved and the appointment of a Select Committee on Labor Relations decided upon. The personnel practices were revised in 1947 and again this year, and each year they were distributed to members and employers. They have proved an effective tool on all activities directed toward improving conditions of work and salaries and, we have reason to believe, have been welcomed by hospitals and other employers.

The personnel of the Select Committee comprises the chairmen of the Legislation and Labor Relations Committees, the director of Placement and the registrar. While the organization of bargaining units with members of the Select Committee, certified as bargaining representatives, has received greater attention, the more informal and casual work of the committee is equally important. Members, as individuals or as employee groups, constantly seek advice and help. Staff organization has been encouraged; assistance has been given in preparing memoranda, embodying requests for adjustments, for submission to employers; joint conferences with employers have been arranged.

The Labor Relations Committee, which is advisory to the Select Committee, has as its current major objective the development of a membership informed on all aspects of labor relations. Leaflets are distributed periodically, items are prepared for the news bulletin, talks are arranged for chapter and alumnae meetings, and at our recent annual meeting the work of the Select Committee was depicted in a drama entitled "Yours For the Asking."

Joint Planning Committee on Nursing: In the spring of 1946, a Joint Planning Committee on Nursing was organized with representation from three departments of the provincial government, the B.C. Medical Association, the B.C. Hospitals Association, the Department of Veterans Affairs, the Community Chest and Welfare Council, and our own association. Five meetings were held. Resulting from these meetings:

1. A guide for on-the-job-training of ward secretaries, ward aides, and nurse aides

was prepared and distributed to all hospitals and institutions in the province.

2. A draft act for the training, licensing, and control of practical nurses was prepared. This draft act was similar to the Manitoba act.

3. A plan for a centralized school of nursing has been submitted to the provincial government. The major features of the plan are: (a) A pre-nursing course of approximately 30 weeks (one academic year); (b) a teaching centre where the pre-nursing course would be given and which would direct and control the clinical experience of students; (c) clinical experience of approximately 108 weeks, including a 12-week orientation period; (d) utilization of clinical fields not now used for nursing education, such clinical fields to include general and special hospitals and public health and visiting nurse organizations.

Nursing education: Two successful institutes have been held. Mrs. Mary Tschudin of the University of Washington conducted an institute for head nurses. More than 150 public health nurses attended an institute on mental hygiene in which several guest speakers participated.

There has been considerable fluctuation in the number of students in our seven schools of nursing. An increase in resignations from students in the junior and intermediate years occurred in the first twelve months following the close of war. At no time have the two larger schools been short of applicants but the smaller schools seem to have increasingly greater difficulty in filling classes. In 1939 the total number of students was 758; the greatest number was reported in 1943; the January 1, 1948, figure of 1,094 is 68 higher than the previous year.

All students now graduating have had a five-week course in tuberculosis nursing. This experience is popular with the students and the director of nursing of the Division of Tuberculosis Control reports that many younger nurses are applying for staff positions since tuberculosis experience was made a requirement for registration.

Two schools of nursing are experimenting with the "block" system and a third is planning to do so.

Recommended regulations regarding hours of work for student nurses have been submitted to the provincial government. If put into effect, hours of duty (including classes) will be reduced immediately to forty-four and in twelve months to forty hours. Each student will have a free day for each statutory holiday, four weeks' vacation, and two weeks' annual sick leave. Assignments to night and afternoon duty will be restricted to twelve weeks of each in the three-year course.

Revisions in the minimum curriculum have been made and the Instructors' Group (now a sub-committee of the Committee on Educational Policy) has undertaken the preparation of a recommended curriculum which will include course outlines. Adjustments in curricula for male students have been agreed upon.

Influx of nurses from other countries: In a twenty-two month period, 187 inquiries regarding registration were made, either by mail or in person. Countries represented are: England (144), Scotland (6), Australia (11), New Zealand (5), India (2), Norway (2), Tasmania (1), Egypt (1), Germany (1), South Africa (1), Ireland (5), Holland (5), Belgium (1), Denmark (1), China (1). It has been a matter of grave concern that the credentials of the majority of these nurses do not begin to meet minimum registration requirements for this province.

In order to enable as many of these nurses as possible to register, the approval of the association to a testing program was secured at our recent annual meeting and the necessary amendment to the Registered Nurses' Act obtained. Nurses, otherwise ineligible, will be permitted to qualify for registration by examination and/or by supplementing their training in essential clinical fields.

ALICE L. WRIGHT, *Executive Secretary*

M. L. I .C. Nursing Service

Gabrielle Bernier (St. Michel Archange Hospital, Mastai, Quebec, and University of Montreal public health course) has returned to duty on the Montreal staff of the nursing service of the Metropolitan Life Insurance Co. *Madeleine Bulteau* (Ste. Jeanne d'Arc Hospital, Montreal, and U. of M. public health course) is a new appointment to the Montreal staff. *Molly Black* (Royal Victoria Hospital, Montreal, and McGill University public health course) has been transferred from Hull to the Health and Welfare Division of the Canadian head office, Ottawa. *Alma Morache* (Notre Dame Hospital, Montreal, and McGill University public health course) has been transferred from Montreal to Hull.

Manitoba Association of Registered Nurses

Meetings: The Board of Managers meets monthly except during the summer months. The annual meeting is held during the last half of April each year. In addition to the annual meeting, three general meetings are held annually.

Fees: In November, 1946, the general membership approved of increasing the annual fee from $3.00 to $5.00.

Membership: Total membership in the association in 1947 was 1,781.

Instructors' Workshops: In accordance with a decision made in 1945, the association sponsors a workshop for instructors in June of each year for the purpose of review and revision of course outlines for those subjects which are currently required or recommended by the Minimum Curriculum for Schools of Nursing in Manitoba. The outlines prepared in the past are a very great benefit to all instructors in Manitoba schools of nursing and, at the same time, the whole profession benefits since a uniformity of instruction to all student nurses is assured thereby. The tentative dates for the workshop this year are June 17-19 and Miss Francine Philo has consented to direct it.

Conference of superintendents and instructors: On February 7, 1948, upon invitation of the Board of Managers, Manitoba Association of Registered Nurses, superintendents of nurses and instructors from all schools of nursing in the province met to discuss numerous matters upon which the Board of Managers desired the opinion of those intimately associated with schools of nursing. It was a full day conference. Topics on the agenda related to the conduct of schools of nursing and the preparation and qualification of candidates for registration in Manitoba. Though the weather was frigid, every school of nursing was represented. The active discussion resulted in some excellent recommendations which will lead to desirable changes to the present regulations governing the registration of nurses in Manitoba. Such a conference is invaluable in the maintenance of a common objective of cohesive thought and of uniform standards of nursing education in this province.

The Advisory Committee to the Board of Managers: In 1947 the association gave assent to the formation of an Advisory Committee to the Board of Managers. All details of the formation of that committee have been completed, the committee being composed of sixteen well-known citizens whose knowledge of and interest in the public welfare in Manitoba will be most valuable to the Board of Managers.

Scholarships: Prior to 1946 only two or possibly three annual scholarships were awarded to nurses in the province. In 1947, the M.A.R.N. established a $300 scholarship available annually to a member of the association for post-graduate study. Also, in 1947, the Winnipeg Foundation established the Margaret Scott Scholarship, for $200 annually, to a registered nurse for post-graduate study. Recent information gives assurance of other scholarships being offered by: Manitoba Student Nurses' Association; Portage la Prairie General Hospital; Brandon Graduate Nurses' Association; Winnipeg General Hospital. Several alumnae associations now offer scholarships or loans to their members for post-graduate study. This evidence of increased financial resources for post-graduate work will greatly benefit nursing practice and nursing education in Manitoba.

Placement Service: The Provincial Placement Service is maintained by the Manitoba Association of Registered Nurses on a part-time basis, with Miss M. Viola Leadlay as director. The service is now used extensively by all nurse employers in the province and nurses themselves are showing an increased appreciation of the service.

Annual meeting: The annual meeting was held on April 15-16, 1948, in the Fort Garry Hotel, Winnipeg, with a registration of 172. At the dinner meeting an honorary membership was conferred upon Miss Ethel Gilroy, Registrant No. 23, in the M.A.R.N. Miss Gilroy was one of the original members of the association, being active in its formation in 1913, and serving as its second president. She was the first president of the Winnipeg General Hospital Alumnae Association and has served on many committees throughout the years.

The guest speaker at the dinner was Miss Helena Reimer, formerly nurse consultant with UNRRA and the World Health Organization.

LILLIAN E. PETTIGREW, *Executive Secretary*

The New Brunswick Association of Registered Nurses

Our records show active *membership* of 910 as at December 31, 1947; associate and non-resident, 461, with temporary permits, 20.

In September, 1946, annual *membership fees* were raised from $3.25 to $5.00 and rates for private duty nurses from $4.00 to $5.00 for 8-hour duty; from $5.00 to $6.00 for 12-hour duty; and from $6.00 to $7.00 for 20-hour duty.

A *school for trained attendants* was opened in Moncton in July, 1946, and to date forty-two have completed the course and twenty-three more are enrolled. These graduates are very quickly absorbed into tuberculosis sanatoria and other institutions. Legislation for these workers is still under consideration and licensing and nurse practice acts are being studied in an effort to secure the most satisfactory form of legislation.

The Institutional Nursing Committee has revised the School Curriculum as preparation for the putting into effect the *first-year examinations*. In October, 1947, a two-day Instructors' Conference was held in Saint John when instructors from all nursing schools in the province were present. Teaching methods and textbooks were the main topics discussed. It was decided in future to hold such conferences annually.

The *Act of Incorporation* of the New Brunswick Association of Registered Nurses is now under revision and we hope to have the Bill ready for presentation in 1949.

A committee has been appointed to endeavor to organize a *Student Nurse Association*. Students from the various hospitals have been invited to attend chapter and section meetings, as well as the annual meeting, in order to stimulate interest.

War Memorial Fund: Our quota for this fund was $900; contributions amounted to $965.50.

Rest-Breaks Home: Blankets, quilts, afghans, and bedspreads have been sent to help in the furnishing of this home.

Food boxes to English nurses are being sent monthly by hospitals, chapters, alumnaes, and sections.

Hospitals: A new, modern 200-bed hospital, with school for nurses, has been opened at Edmundston. Three Red Cross and five private hospitals have been opened in the last two years which give much needed hospital services for small centres, as well as a tuberculosis sanatorium at Moncton, but the ever-present need for nurses and more nurses is still most acute which makes it almost impossible to give the kind of nursing service we are aiming for. A new hospital was built at Tracadie replacing one that was burned, and a school of nursing for Religious Sisters opened in September, 1947.

Local chapters: Two new chapters have been organized in the province — in Edmundston and Campbellton. Both are most active. This makes six chapters in all.

Committees: The standing committees — Public Health, Institutional Nursing, and Private Duty Nursing — we are pleased to note are becoming more active as is shown by regular meetings being held, with interesting programs carried out.

Visitors: In the past two years we have had the pleasure of visits from Miss M. Kerr, editor and business manager, *The Canadian Nurse*, when she visited all chapters in the interest of the *Journal;* Miss G. M. Hall, general secretary, C.N.A., who attended the Maritime Hospital Association meeting in St. Andrews in June, 1947, and Miss W. Cooke, who attended our annual meeting in September, 1947. As such visits are always of incalculable value to provincial associations in that greater interest and enthusiasm have been stimulated, we are grateful for the opportunities that made these visits possible, and look forward to more of them in the future.

Our annual meeting is being held in Fredericton in September.

ALMA F. LAW, *Executive Secretary*

Penicillin for Impetigo Contagiosa

In various forms of impetigo, penicillin cream has given good results. It is not more effective than older methods of treatment but, on the average, produces cure in a shorter time. However, not all cases respond and if five days' treatment does not show some result, the penicillin should be abandoned in favor of the older routine methods.

The Registered Nurses' Association of Nova Scotia

Eleven *executive meetings* have been held during the biennium.

Membership: As at December 31, 1947, our total membership was 1,854. Since the date of our last biennial report the following new members have been admitted; 331 by examination, which will be further increased by successful candidates in our forthcoming examinations in May of the present year, at which time 127 will be writing; 86 by reciprocity and 8 by waiver.

During the period 223 members in good standing have resigned.

Annual meetings: The thirty-seventh annual meeting of our association was held in Amherst, N.S., May 30-31, 1946. The thirty-eighth annual meeting was held in Halifax, N.S., June 11-12, 1947.

A resolution introduced at our thirty-seventh annual meeting increased the authorized fee for private duty nursing to $5.00 per day for 8-hour duty and $7.50 per day for 12-hour duty.

Authority was given to the incoming Legislative Committee to work on and study a proposed revision of our present Constitution and By-laws.

A recommendation was made that hereafter all hospitals and schools of nursing in the province grant three weeks' vacation each year to student nurses and work toward granting four weeks.

A recommendation was made that branches of the association endeavor to form Public Health and Welfare forums in their respective localities for the purpose of stimulating interest and assisting in the solution of our material problems.

At the thirty-eighth annual meeting resolutions were introduced by which various sections were changed to committees to be known thereafter as: Committee on Institutional Nursing; Committee on Public Health Nursing; Committee on Private Duty Nursing.

General: Efforts toward establishing a post-graduate course at Dalhousie University, Halifax, N.S., continue to have our attention and support.

Recommendations have been made to the Department of Education, Province of Nova Scotia, to the effect that consideration be given to a revision of the present curriculum for high school students who plan on entering the nursing profession by making the following subjects obligatory: English, algebra, geometry, physics and chemistry, or household economics and chemistry, and French.

The fiscal year and membership year of our association have been changed to end hereafter on the 31st of December in each year.

Our president, Miss L. Grady, attended the International Council of Nurses Congress at Atlantic City, and our association contributed the sum of $109.30 towards defraying the expenses of a European nurse in attending the Congress.

Legislation: For some time our association has been working on the enactment of legislation to provide for the licensing of all practical and unregistered nurses. A Bill was presented to the Legislature of Nova Scotia during its recent session. There was considerable opposition expressed against enactment of this legislation, some of the arguments being that it would serve to intensify the present shortage by requiring all such attendants to be licensed, and making it illegal for various institutions to engage the services of other than registered nurses or licensed nursing attendants. Other groups, not having the requisite qualifications for registration in this province, i.e., maternity nurses with the 18-month course, felt that it would lower their status. As a result of this opposition the Bill, while receiving first and second reading and a public hearing in committee, did not become law.

Our Legislative Committee is now working on the revision of our present Constitution and By-laws and also the question of reciprocal registration with New South Wales.

The study and drawing up of a minimum curriculum for schools of nursing in Nova Scotia, to be submitted to the provincial association for approval, is being made by our Committee on Institutional Nursing.

The Canadian Nurse: Miss M. Kerr, editor of *The Canadian Nurse*, visited Nova Scotia in June of last year and while here addressed gatherings of registered and student nurses in all our principal towns in the province on behalf of the *Journal*.

British Nurses' Relief Fund: Food parcels have been sent regularly to persons whose names were allotted to our association by National Office. The balance remaining to

the credit of this fund will be used for the purchase of further parcels.

Rest-Breaks Homes: The branches of our association have contributed hooked rugs, patchwork quilts, material for drapes, blankets, pillows, and fancy work, all of which has been forwarded for the Rest-Breaks Homes in England.

War Memorial Trust Fund: To date $811 has been collected from members of our association for this fund.

Committees: The following special committees have been set up: Membership in Arrears Committee; Committee re Maritime Inspector of Schools; Co-ordinating Committee — Health League of Canada; Committee re Achievement Records.

NANCY H. WATSON, *Corresponding Secretary*

Registered Nurses Association of Ontario

Annual meetings: In 1946 the annual meeting was not held until October 29-31, due to the fact that hotel accommodation in Toronto was not available. The registration of 496, including 53 student nurses, was larger than at first anticipated as the Ontario Hospital Association convention had been held in Toronto the previous week. The two panel discussions on the program were "Population Trends in the Community and their Effect on the Future of Nursing" and "The Changing Responsibilities of the Nurse with Respect to Modern Methods of Treatment and Rehabilitation." The nurses were keenly interested in these panel discussions and the attendance at each was approximately 750. At the annual dinner, Miss Anna Schwarzenberg spoke on "Today and Tomorrow in International Nursing."

The annual meeting in 1947 was held in Hamilton on April 23-25. The number registered for the entire meeting was 415 and, in addition, 394 attended one or more sessions. The programs included a panel discussion entitled "Nursing as a Community Service." Miss N. F. Henderson, controller for the city of Hamilton, spoke on "The Place of Women in Democracy" at the annual dinner.

The twenty-third annual meeting was held in Toronto on April 22-24, 1948. The registration was 451, including 53 students. The members were very pleased that it was possible for Miss G. M. Hall, general secretary-treasurer, C.N.A., and Miss M. Kerr, editor and business manager, *The Canadian Nurse*, to attend the meetings. On the first day, April 22, the majority of reports were presented and discussed. Five hundred and fifty attended the annual dinner. The excellent address, entitled "A Victorian Legacy," by Dr. H. B. Van Wyck was greatly appreciated. The business meeting of the General Nursing Section was held on Thursday, April 22, at 5 p.m. On the second day, April 23, the business meetings of the Hospital and School of Nursing and the Public Health Sections were held at 9 a.m. These meetings were followed by a general session when Miss Ruth Home, executive secretary, Canadian Handicraft Guild of Ontario, spoke on "Hobbies for Nurses." In the afternoon there was a panel discussion entitled "Orthopedics — Medical, Nursing, and Community Aspects."

Loans from Permanent Education Fund: Following the discontinuance in 1946 of the bursaries available from the Federal Government Grant to the C.N.A. the number of applications for loans from the Permanent Education Fund were increased. From August, 1946, to April, 1948, fourteen loans, amounting to $5,400, were granted. Since the establishment of the fund in 1937, sixty-four loans have been granted. These loans amounted to $16,250 of which $10,645 has been repaid.

Bursaries for courses in public health nursing: During the past four years, bursaries amounting to $50 ($60 for 1947-48) per month for the academic year, plus portion of tuition fee, have been granted by the Ontario Department of Health to selected students who are enrolled in the certificate course in public health nursing at a university in Ontario. The recipients are required to accept positions in Ontario for a period of one year following the completion of the course. At the end of this period they are reimbursed for the portion of the tuition fee which they met during the course. Since 1944, 149 bursaries have been awarded. Beginning in 1945, similar assistance has been offered to experienced public health nurses enrolled

in the advanced course in administration and supervision in public health nursing at the University of Toronto. During the past three years, 18 students have received bursaries to assist them to obtain this advanced course.

Bursaries for course in nursing education: In 1947 the Ontario Department of Health offered bursaries of $60 a month for the academic year to assist nurses to obtain a post-graduate course in nursing education. The bursaries are awarded to selected students who have been registered in Ontario for two years; have suitable experience in nursing; have good health and are accepted by a university in Ontario. Seventeen bursaries have been awarded. The recipients are required to teach in a school of nursing in Ontario for two years following completion of the course. Bursaries will be available for 1948-49.

Training of certified nursing assistants: In September, 1946, a nine-month course for the training of certified nursing assistants was established in Hamilton, Toronto, and Kingston under the direction of the Ontario Departments of Health and Education. The plan for training followed that approved by the Registered Nurses Association of Ontario. An advisory committee was formed with representatives from the Registered Nurses Association of Ontario, Ontario Hospital Association, Departments of Health and Education, and superintendents of nurses from the hospitals providing the supervised practice. From the inception of the course to January 27, 1948, there has been a total enrolment of 469. So far 73 per cent of this enrolment has been retained. Another class commences on May 4. These certified nursing assistants are referred to hospitals in Ontario for employment.

Registration of certified nursing assistants: The Nurses Registration Act was amended in March, 1947, to include provision with respect to the training and registration of the "certified nursing assistants" and is now known as "The Nurses' Act 1947." To date, 174 of the certified nursing assistants who successfully passed the examination for registration have registered. Practical nurses who successfully completed the course conducted by the Registered Nurses Association of Ontario (1941-1944) and veterans who completed the course for practical nurses under the auspices of the Canadian Vocational Training in Ontario will be admitted to registration as certified nursing assistants without further examination.

Draft Bill for Ontario Nurses' Act: A draft Bill was forwarded to the Minister of Health on September 29, 1947. This Bill included both registered nurses and nursing assistants. This draft Bill has not yet been presented to the Legislature.

Community nursing registries: Since 1946, two more Community Nursing Registries have been organized making a total of twenty-four. An Institute for Registry Personnel was held in Hamilton in June, 1947. Thirty-two representatives from the twenty-two organized registries attended the two-day session. Plans are now underway for an institute to be held in May.

Placement service: Established in November, 1945, and conducted at provincial headquarters, this service was discontinued on December 31, 1946. The provincial office endeavors to assist hospitals seeking staff. Individual nurses seeking information regarding available positions are granted an interview on request and assisted whenever possible.

Publicity folder: The folder, "R.N.A.O.—Your Professional Organization," was compiled by the Publicity Committee and published in October, 1946. These folders are available for the districts to assist in interesting registered nurses to become members of their professional organization.

News Bulletin: Due to the efforts of Miss F. H. Walker, the R.N.A.O. issued its first "News Bulletin" in August, 1945. The *News Bulletin* is now published quarterly. It is sent out to all members of the association free of charge. Copies are also sent to schools of nursing and community nursing registries for their libraries. In an attempt to bring the activities of the provincial, national, and international nursing organizations to the attention of a greater number of nurses the *News Bulletin* will be sent to alumnae associations in Ontario.

Food parcels: The districts, as well as many individual nurses, have sent food or comfort parcels to nurses in Great Britain as well as parcels to nurses in European countries. It is not possible to obtain the number which have gone forward but the nurses of the province have responded splendidly and their co-operation is appreciated. Recently the names of fifty Scottish nurses were obtained from the secretary of the Benevolent Fund for Nurses in Scotland. These names were distributed to the districts and parcels are being sent.

Committee on role and status of the P.H.N.

in schools of nursing: The statistical data collected by this committee, especially with reference to the methods of integrating health in the basic curriculum have been compiled with the advice of a statistician. The report which includes some suggestions and recommendations has been sent out to superintendents of nurses for their information.

War Memorial Trust Fund: The quota of $10,000 for Ontario was reached on January 12, 1948. The total contributions received and forwarded to National Office to date amount to $10,842.60.

Committee on personnel practices and salary schedules: In April, 1947, it was recommended that a committee be appointed to study personnel practices and salary schedules for nurses in various types of positions in the different fields of nursing. The information with regard to nurses employed in hospitals and in industrial firms is now being obtained by means of questionnaires. This information when received will be compiled and will be available for the information of hospitals and industrial firms.

MATILDA E. FITZGERALD, *Secretary-Treasurer*

The Registered Nurses' Association of Prince Edward Island

During the past biennium, the Prince Edward Island Registered Nurses' Association has held nine general meetings and seventeen meetings of the Executive Committee.

Legislation: After two years of study to revise our Provincial Nurses' Registration Act, and after receiving legal advice, the Legislation Committee now finds it necessary to defer the opening of the Act, and to postpone the introduction of legislation for the auxiliary nursing group. At the present time the committee is contemplating changes in the by-laws.

Sections: The three sections have held periodic meetings which have been well attended. In 1946, the General Nursing Section revised the schedule of hours and rates for private duty nurses. Through the efforts of the section, larger dressing-rooms and more adequate locker space have been provided at the two hospitals in Charlottetown.

The Hospital and School of Nursing Section is concentrating its efforts in attempting to obtain the services of a full-time or part-time school of nursing adviser. The section strongly recommends that all schools of nursing throughout the province raise their preliminary educational requirements to junior matriculation. Unfortunately, our public school system complicates this.

In February, 1948, the members of the Public Health Section met in Charlottetown for a symposium at which they discussed their problems and developments in various branches of public health work. A library has been established for use by this section.

Instructors' Group: An Instructors' Group has recently been established. We hope that this step will develop a greater uniformity in the curriculum and that standards of teaching throughout the province will be raised.

Speakers: At each general meeting guest speakers have been present. Thus, during the biennium, the members of the P.E.I.R.N.A. have been privileged to hear interesting and helpful lectures on such topics as: "Rhesus Factor in Blood Transfusion," "New Ideas about Arthritis," "Modern Trends in Obstetrics," "Poliomyelitis and Physiotherapy," "Law and the Practice of Nursing."

Visitors: Miss M. Kerr, editor and business manager of *The Canadian Nurse*, was present at the annual meeting in June, 1947. Miss Kerr was guest speaker at the nurses' dinner at the Charlottetown Hotel, her subject being "The Present Day Challenge to the Nursing Profession." We are looking forward to more visitors from National Office.

The tragic death of N/S Margaret Leard cast a gloom on the Prince Edward Island Registered Nurses' Association. The members of this association shall ever pay tribute to the memory of an active member, a devoted nurse and a true friend.

As the C.N.A. executive meeting following the biennial convention is to be held at the Charlottetown Hotel, preparations are now underway to receive our National Office visitors. The members of the P.E.I.R.N.A. hereby extend a hearty welcome to the members of the C.N.A. Executive.

HELEN ARSENAULT, *Secretary*

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You know, you do more for your patient than you might think . . .

For instance, your crisp clean uniform and your air of confident grooming go a long way to brighten your patient's day.

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The Association of Nurses of the Province of Quebec

Future historians will probably record the period 1946-48 as being the most important era in Quebec's long history in so far as professional nursing is concerned, for during that time the organized nurses of the province, with a record of twenty-five years of conscientious community service to support "our prayer," framed and defended a streamlined compulsory licensing Bill (the famous No. 125) and, in spite of considerable opposition, negotiated it through the Legislature. The Bill was passed on April 17, 1946, and became law on December 31 of that year, since which time it has been compulsory for women wishing to practise the profession of nursing in our province to hold a licence to do so. The law makes no provision for other than "female" nurses.

This new legislation has naturally created problems and difficulties for us which in return provided numerous headaches, but it has brought the nurses out from the far-away places in our vast territory to where organized effort can be of assistance to them and about which they previously had no knowledge. Ever-increasing stimulus, through education, for the development of a greater knowledge of and increased interest in professional responsibility is one of the principle reactions felt through the power of this new Act. With our dual language and all that that implies, we in Quebec need and have strong, well-organized district associations, another benefit accruing from our newly-acquired strength.

Our association controls the admission of candidates to schools of nursing in our province, guides these candidates through the nursing course, and controls all admissions to the practice of the profession in our territory.

Special committees: Most of our special committees have functioned effectively and well, especially the Committees on Institutional and Public Health Nursing. The private duty members, however, continue to walk alone.

The Committee on Auxiliary Workers, under the chairmanship of Margaret Street, has been instrumental in the establishment of the Montreal School for Nursing Aides, which will operate for one experimental year under the guidance of a Board of Trustees, composed of representatives from the Association of Nurses of the Province of Quebec, the Montreal Hospital Council, the superintendents and directors of nursing of the six Montreal hospitals sponsoring the plan. Mrs. Lawrence Fisher has been appointed director of the school.

Boards of Examiners: Our two Boards of Examiners are busy groups, as the English conduct two sessions of preliminary and final examinations twice yearly, and the French function jointly with the Boards of two universities, in sessions held twice yearly.

Scholarships: Four scholarships of $500 each were awarded by the association and six (two of $500 and four of $400) by District Association No. 11 (Montreal Island).

I.C.N. Congress: Thirty of our members attended the I.C.N. Congress in Atlantic City in 1947, full expenses for the majority of whom were paid by the association, district associations, alumnae associations, and employers.

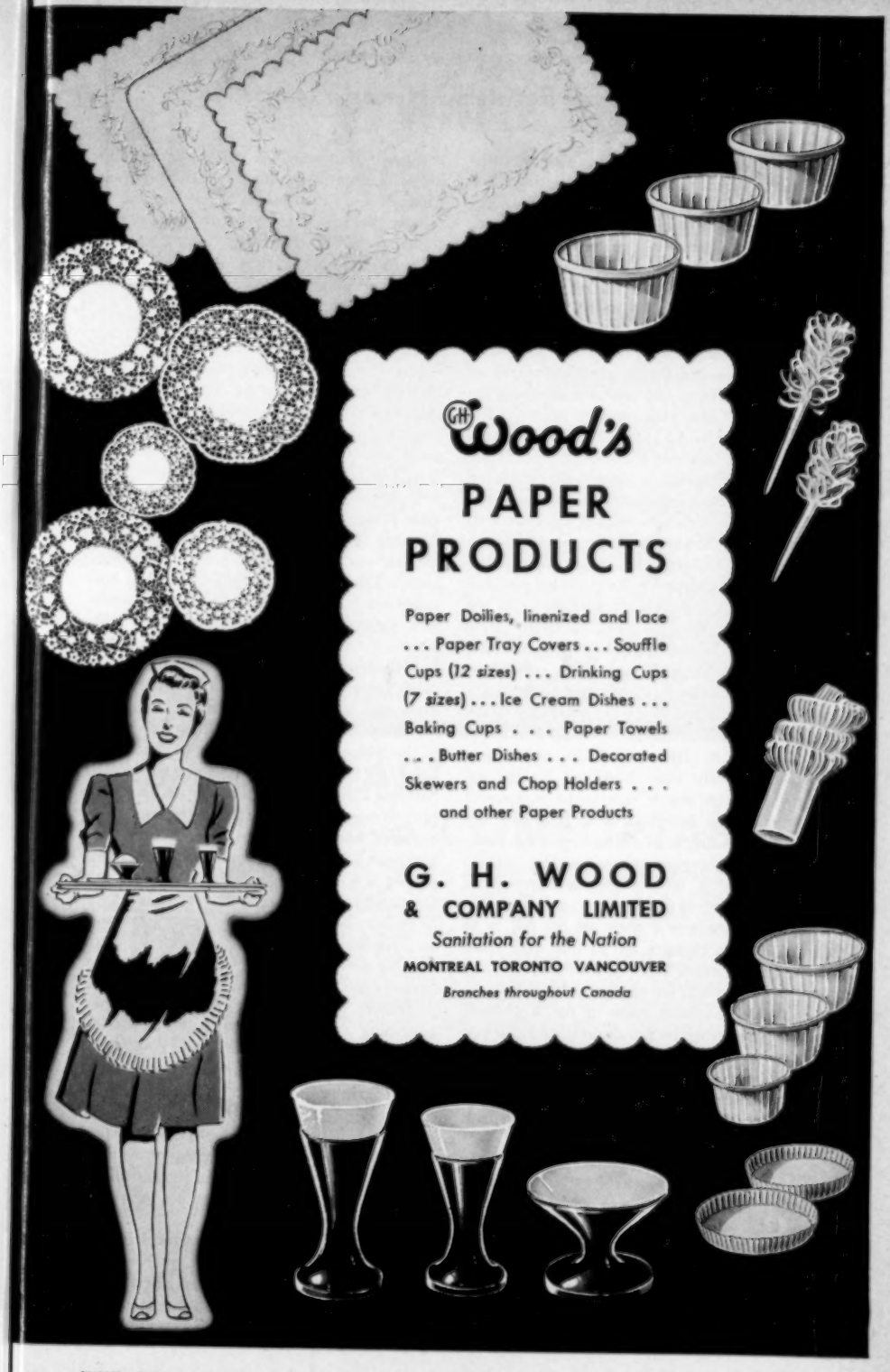
Visitors from abroad: Prior to and immediately following the I.C.N. Congress we welcomed and enjoyed nursing visitors, who had come to this continent to attend the Congress, from Britain, Belgium, Denmark, France, Holland, Norway, Australia, and South Africa. It was a very happy experience for us, especially those who acted as hostesses; (practically all who came to us were guests in our various residences).

Membership: Two thousand, one hundred and eighty-five new members have been registered and licensed during the period under review, the number of members in good standing on January 1, 1948, being 7,745 — active, 6,852, and non-practising, 893.

Food parcels to nurses in Britain, organized through letters issued to hospitals, alumnae associations, public health groups, and individuals, were forwarded to the number of 1,135 during 1947.

Public relations: The deepening of our relations with other groups, organized for the benefit of mankind, is being slowly but surely realized, for we have succeeded in securing, through friendly negotiations, improved working conditions and salaries for the nursing staff of the Montreal and Verdun health departments, and have received hitherto unheard of co-operation from the school principals of the province in connection with our recruitment to nursing plans.

E. Frances Upton, *Secretary-Registrar*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Saskatchewan Registered Nurses' Association

Changes in personnel: During the past biennium, the appointment of a nurse inspector of hospitals has been made by the Health Services Planning Commission in Saskatchewan. The work of this appointee includes the visiting of hospitals in rural areas and in some measure covered many of the activities undertaken by our travelling instructor. The desire of the government to assume this responsibility was readily understandable. For this reason, the services of the travelling instructor were discontinued and this association parted from Miss Clara Jackson with regret. The work of the Nurse Placement Service and other minor activities of the travelling instructor are carried on through the provincial office of the Saskatchewan Registered Nurses' Association. Other changes in the provincial office include the appointment of an assistant registrar. The association was very pleased to welcome Mrs. Agnes Lydiard to this position.

Professional Act: The amendments to the Professional Acts in Saskatchewan were effected at the last session of the legislature. So far as registered nurses are concerned, examinations and all matters pertaining thereto continue to be a responsibility of the Senate of the University, in consultation with the S.R.N.A. By-laws of the association, which formerly were submitted for the approval of the Senate, are to be matters of report to the government direct; also any disciplinary measures taken regarding members. The government reserves the right to veto these if felt to be detrimental to public interest, or to take action regarding disciplinary measures if these are not felt to be just. These changes are in line with those effected regarding other professions.

In addition, at the request of the S.R.N.A., a change has been made in the Registered Nurses Act whereby provision is made for two members of the association to replace two nominees by the College of Physicians and Surgeons, thus making representation of seven nurses on the council of the association instead of five.

Hospitalization plan: In Saskatchewan, the hospitalization plan went into effect in January, 1947. In connection with this, many meetings were called by representatives of the government in which this association participated. It has also been referred to on many occasions since. These contacts are appreciated and are indicative of the recognition of nursing as an essential service in a health program. Changes and adjustments are taking place so rapidly that it is a challenge to keep pace with these. Already the policy governing financial aid to hospitals and the basis of estimating this is being revised. Such changes vitally affect nurses and nursing service, especially when hospitals conducting schools are affected.

Conditions of employment and support of Health Services Planning Commission: The Health Services Planning Commission has evidenced its interest in conditions of employment for nurses in many ways. It has supported a number of recommendations made by this association. These included: recommendations governing minimum salaries and conditions of employment; preparation of a model contract letter for use in all hospitals employing nurses except on a very temporary basis. The status of nurses employed in hospitals is also checked regularly. The Commission supported the recommendations this association made regarding schools of nursing. It is concerned with schools of nursing, particularly as a future source of supply for nurses for public health and other fields, as well as for hospitals. A grant to support the work of the Nurse Placement Service has been continued by the government through the Health Services Planning Commission. This is a support to morale as well as to the service. Government regulations are now in effect in Saskatchewan whereby all registered nurses employed in hospitals in cities or in towns of one thousand population or over are entitled to a forty-four hour week with twenty-four consecutive hours off duty each week. Uniform fees for private duty nurses have also been agreed upon on a provincial basis.

Schools of nursing: Uniform regulations governing students entering schools in this province are now in effect. These cover fees, monthly allowances, uniforms, textbooks, and length of preliminary period. In all schools, students are on an eight-hour day, with one whole day off in seven. The policy regarding the inclusion of classes varies with the number of these. In some schools allowance in time off duty is also made for statutory holidays.

A complete "block" system for students in the second year of the course has been inaugurated in one school. Both the author-

So-o-o SMART
So-o-o COMFORTABLE!

"White Uniform" shoes by Savage are always "on call" among nurses who demand smart styling as well as comfort. These shoes represent a combination of skillful designing and expert craftsmanship in making shoes that will provide long wear and lasting beauty.

"White Uniform" shoes by Savage have noiseless white soles and heels, and are built on lasts which properly represent every contour of the healthy foot. They are comfortable because they encourage correct balance and weight distribution. Soft pliable uppers are perforated to permit a comfortable airiness.

THE Savage Shoe Company Limited

PRESTON, ONTARIO

WANTED—
ASSISTANT SUPERINTENDENT OF NURSES

A Graduate Nurse is required for the above position at the Manitoba School for Mentally Defective Persons, Portage la Prairie. Applicants should possess some Mental Hospital experience and should be capable of teaching in the School of Nursing attached to this hospital.

Salary schedule: $165 to $190 per month, less $25 for full maintenance (board and room, laundry and uniforms). This is a permanent position offering 4 weeks' vacation with pay annually, sick leave with pay, pension privileges, etc.

For full particulars, apply immediately to:

MANITOBA CIVIL SERVICE COMMISSION

247 LEGISLATIVE BLDG., WINNIPEG, MAN.

or to your nearest National Employment Service Office

ities and students are quite enthusiastic about the results. Unquestionably, more nurses are required to successfully operate such a plan, but they have been forthcoming.

Considerable study has been given to the possibility of setting up a central school of nursing. Apparently, the chief problem to be overcome is that of cost. At least, the plan is one by which an appeal for financial aid for nursing education can be supported.

First-year qualifying examinations, or examinations for admission to the S.R.N.A., were held for the first time in 1947. It is felt that the value of these will make itself apparent as time goes on.

Nurses' aides: The course for nurses' aides, under Canadian Vocational Training, is well established. The total enrolment since its inception is eighty-four, forty-five of these having finished the course. They have been placed quite readily through the Nurse Placement Service.

Chapters: Chapters in Saskatchewan now number twelve. Through the chapters our members make their contributions to community interests. These include donations to charitable organizations; support of activities in local hospitals; assisting with special health surveys; special interest in students entering schools of nursing and, in one centre, the establishment of a Cod Liver Oil Fund for the benefit of children. In addition, parcels are sent to nurses in Great Britain monthly by the chapters; also last year three large parcels of furnishings for the British Rest-Breaks Homes.

Nurses' registries: Registries are operated by the chapters in two centres in Saskatchewan. It is interesting to note that financial support in some form is forthcoming for these from: doctors; one medical association; hospitals making use of the registry; and, in one, the city authorities have given some support. Thus the registries are recognized as a community service.

Visits from National Office: During the past year, Miss Gertrude Hall, general secretary-treasurer, C.N.A., and Miss Margaret Kerr, editor and business manager of *The Canadian Nurse*, were welcomed to the province. Miss Hall's visit was of necessity a brief one. Long-range plans made it possible for Miss Kerr to make wide contacts in the province. As a result, Saskatchewan now stands high in the list of subscribers to *The Canadian Nurse*. Nurses in Saskatchewan are not complacent, but are striving to sustain and surpass present figures. It is realized that many of the present subscribers are student nurses.

Affiliation fees were paid by this association in 1947 on a membership of 1,781.

KATHLEEN W. ELLIS, *Registrar*

DOUBLE-ACTION RELIEF

Laxative + Antacid

Phillips' Milk of Magnesia acts as a mild laxative and effective antacid to aid in relieving constipation and gastric hyperacidity.

Phillips' is one of the fastest neutralizers of excess stomach acidity known to science. Because it contains no carbonates, it produces no discomforting flatulence.

DOSAGE:
Laxative:
2 to 4 tablespoonfuls
Antacid:
1 to 4 teaspoonfuls
or 1 to 4 tablets

PACKAGING

Liquid	Tablets
4-oz. bottle	box of 30's
12-oz. bottle	bottle of 75's
26-oz. bottle	bottle of 200's

PHILLIPS' Milk of Magnesia

PREPARED ONLY BY THE CHAS. H. PHILLIPS CO. DIVISION OF STERLING DRUG INC. • 1019 ELLIOTT STREET, WEST • WINDSOR, ONT.

In Memoriam

Edythe Lillian Higginbotham, who graduated from the Winnipeg General Hospital in 1928, died on April 6, 1948, at the age of forty-seven. Miss Higginbotham had been employed in public health nursing at Glenboro, Cypress River, and Holland, Man., for a number of years before taking up social welfare nursing with the provincial government. Following a course in industrial nursing, she was employed with the Defence Industries Cordite Plant in Winnipeg for three years prior to her retirement in 1944.

Mrs. Sarah Jane Lauerman, a member of the first class of nurses to graduate from the Edmonton General Hospital, in 1911, died on March 14, 1948, at the age of fifty-seven.

Irene L. McDonald, a graduate of St. Joseph's Training School, Hotel Dieu, Kingston, Ont., died on March 21, 1948, in Toronto. Miss McDonald had engaged in private duty nursing for some years.

Annie McLeod, who graduated in 1914 from the Saint John General Hospital, N.B., died recently in Penobsquis, N.B., after an illness of six months. Miss McLeod had practised her profession both in New Brunswick and in New York State.

Hazel Irene Nesbitt, who graduated from the Oshawa (Ont.) General Hospital in 1930, died in Kirkland Lake on March 17, 1948, at the age of forty. Miss Nesbitt had engaged in private duty nursing for two years following which she was connected with the Kirkland Lake District Hospital for three and a half years. For the past twelve years she had been connected with a doctors' clinic there.

Marybelle (McEachern) Porter died in Toronto on April 12, 1948, after a brief illness. Mrs. Porter graduated from the Oshawa (Ont.) General Hospital and for five years served on the staff of the Toronto General Hospital.

Kathleen E. (Mohr) Ross, who graduated from the Royal Jubilee Hospital, Victoria, B.C., in 1938, died on March 19, 1948, at the age of thirty-four. A guard of honor composed of ten of her friends who had been associated with her while in training attended the funeral.

DATA ON STUDENT NURSE ENROLMENTS IN SCHOOLS OF NURSING IN CANADA

The figures shown are for the year ending Dec. 31, 1947, with the comparative totals only for 1946.

The following University Schools are included: McMaster University; Ottawa University School of Nursing; University of Toronto School of Nursing; University of Saskatchewan (combined course).

Province	*No. of Schools*	*First Year*		*Second Year*	*Third Year*	*Total*	*No. to Graduate in 1948*
		Probationers	*Juniors*				
ALBERTA.....	11	236	156	366	332	1090	330
BRIT. COLUMBIA	7	220	220	383	271	1094	298
MANITOBA.....	10	124	203	274	271	872	273
NEW BRUNSWICK	14	89	175	236	187	687	194
NOVA SCOTIA....	15	166	116	266	246	794	260
ONTARIO.....	64	1231	596	1430	1283	4540	1276
PRINCE ED. IS....	3	25	37	48	34	144	28
QUEBEC—ENG....	7	181	99	237	227	744	233
—FR.....	30	195	420	594	580	1789	609
SASKATCHEWAN.	11	285	155	333	345	1118	361
1947 TOTALS.....	172	2752	2177	4167	3776	12872	3862
							No. to Graduate in 1947
1946 TOTALS.....		2902	2258	3835	3885	12880	3774
DIFFERENCE.....		150 X	81 X	332*	109 X	8 X	88 *

* — Increase X — Decrease

Influenza

The clinical symptoms of flu can be produced by a number of different disease infections, but serological tests will definitely show the difference. Within seven to ten days after the disease is contracted, antibodies are built up in the blood of the patient in sufficient quantity to be identified by laboratory test. It is hoped that findings from research now in progress on the mild flu viruses will supply the information necessary to control another epidemic of the virulent flu virus of 1918, should it reoccur.

Flu and atypical pneumonia can be transmitted from person to person, but it is fairly well established that transmission of Q fever is always associated with animals.

Durable Defense

An antiseptic for surgical, medical and obstetric practice should not be too selective. It is well that it should be lethal to a diversity of common pathogenic organisms, such as *Streptococcus pyogenes* and *Staphylococcus aureus;* better if it can also be depended upon in the presence of blood, pus and wound debris. Best of all if the barrier it creates against fresh contamination be lasting.

Except in the event of gross contamination, a film of 30% 'Dettol' dried on the skin, confers protection against infection by *Streptococcus pyogenes* for at least two hours.*

**This experimental finding (J.Obstet. Gynaec.Brit.Emp.Vol.40 No 6) has been confirmed in obstetric practice extending well over a decade.*

Reckitt & Colman Ltd. By Appointment Suppliers of Antiseptics to H.M. the King.

'DETTOL' THE MODERN ANTISEPTIC

RECKITT & COLMAN (CANADA) LTD. PHARMACEUTICAL DIVN. MONTREAL. [M.18]

℞ *Chuckles* P.R.N.

Description of knee-chest position: Patient would be standing on her knees with the palms of the feet resting on the bed, but be sure the arches do not touch.

A papule is a circumcised elevation.

I have learned from this study that medicine walks hand in hand with commonsense.

The appendix was taken immediately to the laboratory with the patient's name and her doctor attached to the container.

Phlebitis is an inflamed phlebite.

A person who reacts unfavorably to a small dose of anything is said to be a sensitive person.

Tympanites means sores on gums or mucous membrane of the mouth — also called trench mouth.

Three doses of toxoid are given, having a week relapse between doses.

Peyer's patches are applied to the eyelids.

Do not use strong-arm tactics in the caseroom.

Paroxysmal Tachycardia

This is a rather commonplace disturbance still presenting numerous unsolved problems. Although these paroxysmal accelerations may occur in the presence of various forms of heart disease, they occur more frequently when the heart is not diseased. Cause of the accelerated heart action is stated glibly as a rapid succession of abnormal stimuli usually resident in an ectopic focus beyond the sino-atrial node. This explains, in a limited sense, the mechanism of the disorder but sheds no light on its actual cause.

For many years considerable speculation has centred about the role of the cardiac vagus and parasympathetic nerves, but only theoretical considerations are as yet available. Recently it has been shown that subcutaneous administration of acetyl-beta-methyl-choline is capable in certain instances of causing sudden cessation of the paroxysm of tachycardia. Its effect appears to be similar to that occurring from stimulation of the vagus and parasympathetic nerves.

Even in ventricular tachycardia, in which cardiac disease is the rule, or in which abnormal drug reactions have occurred, the exact cause of the abnormal tachycardia remains obscure.

UNIVERSITY OF WESTERN ONTARIO SCHOOL OF NURSING

PROGRAMS OFFERED

I. **Undergraduate**
Degree course in Nursing: A five-year program leading to the degree Bachelor of Science in Nursing. The fifth year is planned to meet the requirements of a program of specialized professional study and experience in an area selected by the student.

II. **Graduate Programs**

1. Public Health Nursing.
2. Guidance of Learning Activities in Schools of Nursing.
   A. Guidance of learning in the Biological Sciences.
   B. Guidance of learning in the Social Sciences.
   C. Guidance of learning in the Clinical Field.

All students in programs A. B. & C. will be assisted to gain competence in curriculum revision, faculty work conferences, and evaluation of undergraduate programs.
Field work is planned in accordance with program selected.

For information apply to:
The Dean
UNIVERSITY OF WESTERN ONTARIO
SCHOOL OF NURSING
LONDON, ONTARIO

Immunizing Efficiency of Diphtheria Toxoid

In the Department of Bacteriology and Immunology at McGill University, Montreal, a series of experiments, carried out in guinea pigs, has demonstrated that mixtures of various antigens with diphtheria toxoid are more effective in stimulating the production of diphtheria antitoxin on single inoculation than is diphtheria toxoid alone in the same concentration. The animals were Schick-tested as a measure of diphtheria antitoxin response.

Mixtures of antigen tested in this manner were diphtheria toxoid and tetanus toxoid; tetanus toxoid and pertussis vaccine; diphtheria toxoid and T.A.B. vaccine; and diphtheria toxoid, scarlet fever toxin, and pertussis vaccine.

In all cases there was an enhancement of the immunizing efficiency of the diphtheria toxoid as compared with a control group receiving diphtheria toxoid alone. This was at least doubled by the addition of pertussis vaccine, and increased five- to ten-fold when a third antigenic component was added.

— *Canadian Journal of Public Health*

UNIVERSITY OF ALBERTA SCHOOL OF NURSING

COURSES OFFERED

Undergraduate

1. **Degree Course in Nursing:** A five-year course leading to the degree, Bachelor of Science in Nursing. Opportunity is provided in the final year for specialization.
2. **Diploma Course in Nursing:** A three-year course leading to a Diploma in Nursing.

Post-Graduate

1. **One-Year Diploma Courses:**
   (a) Teaching and Supervision in Schools of Nursing
   (b) Public Health Nursing
2. Four-month certificate course in **Advanced Practical Obstetrics.**

For information apply to:
The Director,
School of Nursing, University of Alberta
Edmonton, Alberta

Toxemia

The etiology of toxemia of late pregnancy is unknown. The disease is characterized by signs and symptoms which, although easily recognized, are not so readily evaluated.

Treatment is characterized by bed rest; low salt intake; neutral diet; ammonium chloride; abundant fluids, 2,000 to 4,000 cc. per day; and sedation. The diet consists of foods which leave equal amounts of acid and base ash plus other foods which yield a neutral ash. The diet is prepared without salt and there is no reduction of protein, the patient receiving an average of 90 gm. of protein per day. Bread and milk represent the simplest diet of this type. One quart of milk yields an alkalinity equal to the acidity yield of eight and a half slices of bread. The total amount of one class of food with reference to the other must be carefully controlled, and it is important that all of the food in the diet be eaten. Given a free choice, patients will invariably choose those foods leaving an alkaline ash and send back the acid ash foods.

All forms of treatment are empirical and generally designed to control symptoms. Most dependable and perhaps most radical is termination of pregnancy.

Write Before You Go

The Louisiana State Board of Nurse Examiners wishes to draw attention to the fact that many Canadian nurses coming to this state have failed to make enquiries regarding registration before arrival. Registration in the state is compulsory for any nurse wishing to find employment. The Louisiana law provides that no nurse may be licensed to practise unless she is a citizen of the United States or has declared her intention to be a citizen.

We suggest that in the future nurses who plan to come to Louisiana to work communicate with us and clear registration matters before coming.

JULIE C. TEBO, R.N., *Secretary*
601 Père Marquette Bldg.
New Orleans 12, La.

In the Good Old Days

(*The Canadian Nurse, June, 1908*)

"Patients say that Abbey's Effervescent Salt resembles rather an effervescent lemonade than a medicine. It has grown very popular and leaves no astringent after-effects."

"Our national *Journal* is now in its fourth year . . . Our mailing list at present numbers 1,200 nurses . . . The *great need* of the *Journal* is more subscribers. All other difficulties arise out of this. Meet this and the others vanish. It is in the hands of the nurses. It is in your hands. What will you do to help?" (It sounds familiar still, does it not?)

"They (doctors and nurses) must be educated to cure disease and also to prevent it, even if such prevention does take the bread and butter out of mouths by lessening the number of cases which we have the opportunity of seeing."

"I beg of you ladies to assist the physicians in teaching the women with whom you come in contact just as much about the dis-

YOUR PATIENTS NEED EXTRA NOURISHMENT DURING CONVALESCENCE

Doctors often advise an energy food that's easy to take, pleasant to taste and high in nutritive value, to help convalescent patients get well faster.

Many nurses find that a concentrated food beverage like Vi-Tone puts extra food benefits on a convalescent's tray — and here's why:

Vi-Tone is a carefully blended combination of de-fatted milk, Soya beans, barley-malt extract, fat, sucrose, iron salts, high quality cocoa and flavouring. Vi-Tone contains over-average quantities of vitamins, minerals and other elements essential for building and maintaining health. Growing children especially benefit from Vi-Tone as it helps promote growth and build bones and teeth.

Adults and children alike find that milk tastes better with Vi-Tone — they really like its smooth, rich, chocolaty flavour! But what's more important, Vi-Tone raises the caloric value of milk. A Vi-Tone egg-nogg is particularly recommended for patients who need extra food energy, extra nutrition.

Try Vi-Tone on your next patient. It's a wise step toward the road to recovery.

Free clinical samples available on request. Write to Vi-Tone Products Ltd., Dept. CN-3, Hamilton, Ont.

VI-TONE FOR VITALITY

TORONTO HOSPITAL FOR TUBERCULOSIS

Weston, Ontario

THREE-MONTH POST-GRADUATE COURSE IN THE NURSING CARE, PREVENTION AND CONTROL OF TUBERCULOSIS

is offered to Registered Nurses. This includes organized theoretical instruction and supervised clinical experience in all departments.

Salary—$104.50 per month with full maintenance. Good living conditions. Positions available at conclusion of course.

For further particulars apply to:

Superintendent of Nurses, Toronto Hospital, Weston, Ontario.

THE VICTORIAN ORDER OF NURSES FOR CANADA

Has vacancies for supervisory and staff nurses in various parts of Canada.

Applications will be welcomed from Registered Nurses with post-graduate preparation in public health nursing, with or without experience.

Registered Nurses without public health preparation will be considered for temporary employment.

Scholarships are offered to assist nurses to take public health courses.

Apply to:

Miss Maude H. Hall
Chief Superintendent
114 Wellington Street
Ottawa.

ease (cancer) as will place them on their guard against it . . . This campaign which I am suggesting must be conducted in a most careful and delicate manner, so as not to cause unnecessary alarm. No man wants his female relatives to be living in constant dread of this disease, nor that their first thought on waking up in the morning shall be, 'I wonder if I have cancer, yet,' but he does want them to be prepared, to suspect it when it does begin to show itself, so that they may have some chance of successful treatment."

In a comprehensive discussion on "the proper length of the period of training for nurses," the author sets down four requisites of a course of training, as follows: (1) A properly graded course. "Not a course for one year dragged out over two years, or a course of two years stretched out to fit three years. To attempt this is to destroy the vigor and freshness of the pupil's grasp of the subject, and to encourage mental stagnation and ineffectual, because inconclusive, mental effort." (2) Arrangement of hours of duty in the wards. "No one can make progress as a nurse if she is kept at hard physical labor for ten, twelve, or fourteen hours each day . . . the restriction of the amount of time spent in practical work to eight hours, with two hours at least of free time each day for study and preparation for classes." (3) The institution of a preliminary period. "Training in the branches of nursing which have to do with the comfort of patients before any responsible ward duties are laid upon the nurse." (4) Course long enough to develop character. "Where the aptitudes, tendencies, weaknesses, and capabilities of pupil nurses have been carefully studied . . . the danger of graduating degenerates is eliminated . . . Character is an essential part of training and time is required for its development."

Central Nursing Council

The Trained Nurses' Association of India is to be congratulated upon the fact that, after years of effort on their part, the Dominion Legislature has enacted legislation establishing a Central Nursing Council for India. This council will eventually bring about co-ordination of training with consequent raising of standards and reciprocal registration between provinces.

COMPRISING ONE OF THE MOST EXTENSIVE RANGES OF MODERN SURGICAL and Medical Equipment — the ATEC line will soon be made in Canada.

In the meantime, supplies can be delivered to you promptly from England.

Manufactured of SOLID STAINLESS STEEL with mirror-polished finish, ATEC units are well-known in hospitals and institutions throughout Great Britain and Europe and enjoy a reputation for being extremely serviceable and light in weight. See the ATEC line on display at the INTERNATIONAL TRADE FAIR in TORONTO — May 31 to June 12.

ANDREWS BROS. (Bristol) LIMITED,
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ATEC

HOSPITAL UTENSILS AND EQUIPMENT

News Notes

Staff conference, Division of Public Health Nursing, Alberta

Back row, lt. to rt.: Mrs. K. P. Cole, Ethel Jones, L. White, P. Wyld, R. Laferrière, L. Laferrière, M. Fitzsimmons, J. Polley. *2nd row, lt. to rt.:* J. McInnis, Frances Smith, P. Chapman, E. Gavin, Mrs. E. A. Bennett, Mrs. M. Faulkner, Mrs. N. Renwick. *Front row, standing, lt. to rt.:* A. Evans (assistant director), Mrs. I. Hawkes (secretary), A. McIntosh, D. Engelke, M. K. Anderson, Mrs. C. J. Somerville, M. Weder, S. MacIntyre, A. Lewis, Jean Clark (director). *Front row, seated, lt. to rt.:* M. Hagerman, M. Black, M. Lavell.

ROYAL VICTORIA HOSPITAL

SCHOOL OF NURSING
MONTREAL

COURSES FOR GRADUATE NURSES

1. A four-month course in **Obstetrical Nursing.**
2. A two-month course in **Gynecological Nursing.**

For further information apply to:

Miss Caroline Barrett, R.N., Supervisor, Women's Pavilion, Royal Victoria Hospital, Montreal 2, P. Q.

or

Miss F. Munroe, R.N., Superintendent of Nurses, Royal Victoria Hospital, Montreal 2, P. Q.

THE MOUNTAIN SANATORIUM
HAMILTON, ONTARIO

THREE-MONTH POST-GRADUATE COURSE IN THE IMMUNOLOGY, PREVENTION, AND TREATMENT OF TUBERCULOSIS is offered to Registered Nurses. This course is especially valuable to those contemplating public health, industrial, or tuberculosis nursing.

Salary: 1st and 2nd months—$100; 3rd month — $110 — plus full maintenance.

For further information apply to:

Miss Ellen Ewart,
Supt. of Nurses,
Mountain Sanatorium,
Hamilton, Ontario

ALBERTA

EDMONTON:

This year as the Division of Public Health Nursing of the Alberta Department of Public Health opened the spring season with its annual staff conference, it also celebrated the thirtieth anniversary of its founding. Approximately fifty nurses attended, including district nurses, child welfare clinic nurses and, as guests, nursing members of the Department of Indian Affairs stationed in Alberta. The director, Jean S. Clark, presided at the conference.

This three-day conference is planned to meet the needs of the nurses in the field, and so on March 30, 31, and April 1, many problems were aired. Speakers addressed the group according to their expressed needs and a wide variety of topics was included. Included also on the agenda was the distribution of a second printing of the "Obstetric Manual for District Nurses," revised by Mrs. Barbara Eben. This manual is of great importance to the staff in their maternal and child welfare work, and in home deliveries.

BRITISH COLUMBIA

CHILLIWACK:

At a meeting of Chilliwack Chapter, Mrs. Phil Abbott, local representative of the Save the Children Fund, described the objectives of the campaign. The members decided to "adopt" a British girl under this plan, with Mrs. D. Hayens as convener. The nurses attended the annual Vesper Services at St. Thomas Church. It was revealed that nurses, in uniform, assisted with Tag Day at the request of the Senior Hospital Auxiliary. Reports were given by Mmes E. Roberts and F. G. Burwell concerning the cancer campaign and the Local Council of Women. Mrs. Hayens reported on parcels for overseas and it was decided that the next parcel should be sent to Mrs. Birdsell, mother of a young seaman who was badly burned at Esquimalt and is now in hospital in England. The Ways and Means convener, Miss Wiens, reported on dolls donated by Mac & Mac Stores to be dressed and raffled at the May Tea. Florence Orton was named vice-president, replacing Mrs. E. M. Davis who is being transferred from Coqualeetza to Miller Bay Hospital. New members were welcomed by Mrs. A. H. Rowberry.

CRANBROOK:

There was a good representation from Fernie and Cranbrook at the annual meeting of East Kootenay District. Kimberley delegates were unavoidably absent. Miss Young, the president, was in the chair. The officers elected were: President, R. Hartwig, Kimberley; vice-president, Rev. Sr. Denise Marguerite, Cranbrook; secretary, Mrs. Cooper, Kimberley; treasurer, D. Carter, Cranbrook; councillor, Mrs. E. Rendel, Cranbrook.

Immediately preceding the district gathering, Cranbrook Chapter held a short meeting, discussing matters pertinent to the R.N.A.

B.C. annual meeting. Isabel Dunlop was elected delegate. Under the leadership of Mrs. Rendel, a round table forum took place at the close of this meeting. The title was "Satisfaction and Stimulation of Professional Interest and Remuneration to be Found in the Various Phases of the Profession of Nursing." D. Carter took the public health phase, Mrs. Betts the general duty aspect, Mrs. W. Millar gave the feelings and conclusions of a private duty nurse, and Sr. Marguerite defended the cause for the teaching school.

KAMLOOPS-TRANQUILLE:

At a recent meeting of Kamloops-Tranquille Chapter, Dr. W. Trapp showed a colored movie on the thoracoplasty operation. This was taken at the Deaconess Hospital in Boston. The president, Mrs. R. Waugh, delegate to the R.N.A.B.C. annual meeting, brought back a splendid report on the activities of the various committees. A talk on the cyclopropane machine by Gertrude Hogan held everyone's interest, as did the demonstration of the poliopack by Carol Peterson, and the portable incubator by Rose Wyse of the Royal Inland Hospital.

Plans were made for the forthcoming cancer campaign which is to be sponsored by the nurses.

NANAIMO:

M. Fletcher was elected president of the Vancouver Island District at the recent annual meeting. Other officers elected were: Vice-presidents, J. Dingler, Mrs. N. Robinson; secretary, Mrs. V. Aldred; treasurer, P. Barbour; public health, D. Paulin; hospital and school of nursing, S. Porritt; private duty, H. Barrow; councillors, Sr. M. Claire, L. Holland, M. Fletcher; representative to *The Canadian Nurse*, H. Russel.

Annual reports from the individual chapters were read and reports also received from the various nursing sections. Sr. M. Gregory was elected delegate to attend the R.N.A.B.C. annual meeting.

ROSSLAND:

F. A. Kennedy, president of Rossland Chapter, was in the chair at a recent meeting when seventeen members were present. It was decided to donate the proceeds from the tea to the War Memorial Trust Fund. In future, meetings will be announced on the Club Calendar over CJAT. Nan Kennedy was elected delegate to the R.N.A.B.C. annual meeting, with Mmes McAllister and Hamilton as alternates. A donation was made to the Children's Relief Fund.

The guest speaker, Mrs. W. A. Darby, gave an interesting talk on "Art," and displayed a number of her own paintings. Miss Kennedy extended the thanks of the members to the guest for her entertaining address.

Refreshments were served by E. Teir and Mrs. Stevens.

The home of Mr. and Mrs. L. E. E. Hamilton was the scene of a nicely appointed tea when

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Session 1948-49

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Nursing Education: Advanced (a course organized for those preparing for senior administrative work in nursing schools).

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Clinical Supervision in:
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(b) Surgery
(c) Obstetrics
(d) Paediatrics
(e) Operating-room procedure
(f) Tuberculosis or other specialty as selected.

Note: In Clinical Supervision the student chooses one of the above as her field of study for the entire year.

III. **A Special Arrangement for Graduate Nurses:** Whereas a candidate with Senior Matriculation standing may register in the Faculty of Arts of this University and complete the Pass course in Arts in 3 years, and, whereas some of the subjects of this Pass course in Arts are identical with certain subjects included in the above Certificate courses, it has been arranged that a graduate nurse who registers in this Pass course in the Arts Faculty may register at the same time in this School and, during the same 3 years, cover the requirements for the Certificate in one of the courses as described above, except that the courses in Clinical Supervision are not included in this arrangement.

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1001 Vancouver Block, Vancouver B.C.

Mrs. Hamilton and Nan Kennedy entertained the chapter members. Eleven nurses attended.

At a meeting of the Rossland Parent-Teachers' Association, Nan Kennedy, public health nurse, and Mrs. R. D. McAllister gave talks on "Immunization" and "Diseases of the Respiratory System."

TRAIL:

At a meeting of Trail Chapter, Faith Hodgson gave an excellent report on the activities of the R.N.A.B.C. provincial meeting. Miss Hodgson was the official delegate from the chapter. Mabel Velde, convener of the Ways and Means Committee, gave a report on the nurses' Hospital Day tea. Announcement was also given concerning the annual Vesper Services. Appreciation of the services of Alice Bush, as a member of the association, was expressed by a suitable presentation gift by Mrs. Doris Service, on behalf of the members. Miss Bush, formerly on the staff of Trail-Tadanac Hospital, is now matron of the Coqualeetza Indian Hospital at Sardis.

VANCOUVER:

At a recent meeting of the Vancouver General Hospital Alumnae Association, the annual budget was presented and passed. Of particular interest was the report from the Scholarship Committee, stating that, since 1937, $2,000 had been given in scholarships and an equal amount loaned to the members, interest free. Following the business session, members enjoyed a social hour, renewing old friendships and enjoying a musical program.

VICTORIA:

Royal Jubilee Hospital:

Pearl Barbour was re-elected president of the alumnae association by acclamation at the recent annual meeting. The vice-presidents are Mmes E. McKinnon and G. M. Duncan. The secretary is M. McLeod with the treasurer, Mrs. V. McConnell.

The treasurer's report revealed a successful year, $1,163.32 being realized. The annual scholarship of $25 was awarded to Margaret Bawden. The prize for the student nurse writing the best case history went to Isobel McKay. Fifty dollars was donated to the training school reference library and $25 to the War Memorial Trust Fund. Four members were assisted from the Sick Nurses Fund and a radio was presented to the nurses' infirmary.

Marion McLeod, in her secretary's report, showed a Flannel dance and a Hallowe'en dance had helped to augment funds. A tea was given for the graduating class and two teas for students receiving their caps.

During the meeting, Cathryn Jamieson was presented with a prize won in a poster competition held for student nurses, the same poster also winning honors in the competition sponsored by *The Canadian Nurse*.

Mrs. Ian Donaldson was in charge of refreshments served at the close of the meeting.

MANITOBA

BRANDON:

Mrs. Frank Purdie's group was in charge of the program of a recent meeting of the Brandon Association of Graduate Nurses. The guest speaker was Dr. H. H. Ross who gave an informative and humorous account of his trip to Australia. Marjorie Trotter thanked Dr. Ross on behalf of the members present.

DAUPHIN:

Hospital Appreciation Day was the theme of a recent luncheon program of the Rotary Club. Special guests were the three senior administrative members of the General Hospital—Agnes Pearson, superintendent; Christine Sinclair, instructor of the nurses' training school; and Grace McKinnon, dietitian. Short addresses were given by Miss Pearson on the work of the hospital, and by John Gardner, hospital board chairman, on the history of the hospital from its beginning in 1900, and its operation in recent years, with emphasis on the present need for a nurses' residence.

As a gesture of their hospital appreciation, the Rotarians presented more than fifty jars of home preserved fruit, jams, and pickles to Miss Pearson.

NEW BRUNSWICK

SAINT JOHN:

The members of Saint John Chapter were guests of the nursing staff at the Provincial Hospital for a recent meeting, when Bessie Seaman presided. Miss Seaman was named delegate to the C.N.A. biennial meeting to be held in Sackville. Plans were made for the annual national Vesper Services. It was reported that a substantial sum was realized from the Bring and Buy Sale with Bea Selfridge as auctioneer. The guest speaker was Dr. H. P. Metivier, of the Provincial Hospital staff, whose subject was "Insulin Shock." Supper was served by the staff.

General Hospital:

At a recent meeting of the alumnae association, Bea Selfridge was named delegate to the C.N.A. biennial meeting. Gifts of food were brought to the meeting for the overseas boxes, and letters of appreciation were read for boxes already received. A letter was also read from Mary MacDougall, of Chissamba, Africa, telling of her arrival. The guest speaker was Mrs. Ethel McKinnon, who told of her work as police matron and gave a brief history of the police force in Saint John as well as in London, Eng.

Ruby Taylor has joined the staff of the Memorial Hospital, New York.

Provincial Hospital:

Fannie Munroe, night superintendent, is on leave of absence and is being replaced by Dorothy Stepanick. Marion (Dykes) Smith is visiting her old home in Scotland.

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ST. STEPHEN:

The home of Mrs. Harold Beek was the scene of a recent meeting of St. Stephen Chapter, when Mabel McMullen and Myrtle Dunbar were chosen as delegates to the C.N.A. biennial meeting in Sackville. Twenty-five dollars was donated to the Red Cross drive and the food sale was reported to have been successful. Plans were completed to have all the nurses take part in the town celebration on July 1. Boxes to be sent to the British nurses were prepared by N. Spinney and A. Spinney for the registered nurses and by Mrs. C. Anderson for the Chipman Hospital alumnae. The 5 per cent commission on subscriptions to *The Canadian Nurse* is to be accepted by the chapter treasurer, Mrs. R. Rogers.

Annie Spinney attended the X-ray Technicians Convention in Halifax. Ida Slipp, assistant night supervisor, C.M.H., is taking a course in obstetrics in Montreal.

QUEBEC

Montreal General Hospital:

Dr. C. M. Gardner's lecture given at a recent meeting of the alumnae association was particularly interesting and instructive. His subject was "Rehabilitation or Medicine of the Future," and his audience was impressed with the urgent necessity of restoring sick or injured persons to a state of physical and mental fitness and to a position in the economic world equivalent to, although perhaps necessarily different from that previously occupied A motion picture was shown which demonstrated the natural desire of individuals, if given a chance, to help themselves.

Mrs. Lawrence Fisher, an M.G.H. graduate and of the McGill School for Graduate Nurses, has been appointed director of the Montreal School for Nursing Aides, which will be conducted at the Convalescent Hospital under the joint sponsorship of the A.N.P.Q., the Montreal Hospital Council, and by several hospitals in the city.

A recent visitor to the school was Isabel McConnell, of the class of 1925, for many years superintendent of nurses at the Canadian Presbyterian Mission Hospital, Jobat, Central India. She is enjoying a furlough in Canada, returning to India in September. Dorothy MacRae has resigned as superintendent of nurses at the Herbert Reddy Memorial Hospital, Montreal, to be married. She is succeeded by Helen Hewton. (See May Nursing Profiles.) Catherine Angus, assistant supervisor of the O.R., recently spent some time in Baltimore at the Johns Hopkins Hospital and the Massachusetts General Hospital observing procedures.

The following recent graduates have accepted positions on the general staff at the Western Division: Gertrude Brown, Lois Boast, Diana McLennan, Natalie O'Connell, Shirley Miller, Lois Lusk, Alice Walker, Dorothy Hall, Josephine Patterson, Anne Richardson, Catherine Pritchard, Elizabeth Hamilton, Mabel Hiscock, Pauline Blandford, Marion MacCuaig, Helen Dickinson, Joan Wornell.

Letters of appreciation are coming from overseas from the recipients of parcels sent by the alumnae. As all realize, the need for such parcels continues to be great.

SASKATCHEWAN

MOOSE JAW:

General Hospital:

Mrs. V. Brand was elected president of the alumnae association at a recent meeting. The vice-president is Mrs. R. Clarke with Mrs. W. Wilder serving as secretary-treasurer. The social convener is Mrs. L. Lowry.

E. Mathews and Mary Cutts are taking a course on mental hygiene at Weyburn.

Providence Hospital:

The speaker at the graduation exercises was His Honor Judge J. H. McFadden, who complimented the nurses on their choice of profession and congratulated them on reaching their goal. Florence Chase gave the valedictory. The medal awards were as follows: Leona Geiss, general proficiency; Kathleen McGinn, bedside nursing; Dorothea Johnson, obstetrics. Mary Alice Gagne won the prize for general proficiency in the intermediate year.

The alumnae association gave a banquet in honor of the class of 1948. About three hundred were present at the reception held for the graduates at the residence.

PRINCE ALBERT:

Gladys Noonan has recently returned as O.R. supervisor at Holy Family Hospital after several months' leave of absence at the coast. Mary Hrooskin is a new appointment at H.F.H. O. Kotelko and G. Amonson are on the staff of Lloydminster Hospital, while Dora Anderson and Betty Goplin are at Victoria Hospital.

REGINA:

The officers for Regina Chapter, District 7, include: Honorary president, M. Thompson; president, M. Palmer; vice-presidents, Mrs. M. Davey, E. Jefferson; registrar, Mrs. E. Parker; assistant secretary-treasurer, Miss O'Byrne.

General Hospital:

The baccalaureate service for the class of 1948 was held at Knox United Church, with the Rev. J. P. C. Fraser delivering the message to the nurses. Fifty-seven students received their diplomas and pins at the graduation exercises. The following nurses were granted prizes on the basis of their three years' work: General proficiency and surgical nursing, D. Ferrier; medical nursing, J. Findlay; obstetrical nursing, G. Wilke; first aid, L. Anstice; Nightingale prize, J. Grazier.

E. Hamilton, I. Larson, P. McKinnon, and V. Cavers have joined the general nursing staff. Resignations include Lil (Hope) Bagot, who is now in St. Thomas, Ont., and G. (Hotchins) Barrett.

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By Janet Correll Reinhard. Designed for correlation with study courses in schools of nursing. This new book consists of series of questions about typical case studies of patients, with history from admission to discharge. 342 pages, 1947. $3.25.

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Grey Nuns' Hospital:

The United Travellers Association held a tea in the fifth floor solarium in aid of the Cancer Fund. The third and fourth floors of the new wing were open for inspection by the public. A reunion tea for all Grey Nuns' graduates was also held.

E. Hannah has joined the staff of the Youville Ward and M. E. Dahlstrom is now on the first floor. M. Debert and Miss Weslowski have resigned to accept positions on the O.R. staff at St. Michael's Hospital, Toronto.

SWIFT CURRENT:

Dr. Wolan was the guest speaker at a meeting of Swift Current Chapter. He gave an interesting talk and led an active discussion on the Rh factor and diabetes.

WEYBURN:

Dr. Bucove, medical health officer, Health Region No. 3, was the speaker at a meeting of Weyburn Chapter when his subject was "Casualty Clearing in World War II." The chapter's Tag Day proved a great success, with commissions being given to the C.G.I.T. girls who so enthusiastically assisted with the tagging.

M. Van de Sype and T. Anderson have joined the Health Region No. 3 nursing staff.

YORKTON:

Seventy-five nurses attended the annual banquet given by Yorkton Chapter, District 4. The guest speaker was K. W. Ellis, registrar, S.R.N.A., who gave a report on the executive meeting of the C.N.A. held in Winnipeg, and also mentioned some of the problems confronting nurses today.

The program of entertainment included a vocal duet by N. McKenzie and M. McMinn; a monologue by E. Branisky, student nurse; and community singing led by M. Crawford. Arrangements for the banquet were in charge of Mmes D. Logan, H. Campbell, and W. Fergus. Following the banquet, a meeting of the executive was held with Miss Ellis.

A formal dance was held Easter Monday under the auspices of the chapter. Proceeds were donated to the War Memorial Trust Fund.

General Hospital:

A farewell party was held for five graduates who have been on staff duty — R. Bertram, O.R. assistant supervisor, and B. Marte, general staff, who have accepted positions in Calgary; D. Popow, night supervisor, and A. Ribchester, general staff, both of whom are now in Duncan, B.C.; and M. Gibson, women's surgical supervisor.

New appointments include: I. Wagner, women's surgical supervisor; A. Sharrock, night supervisor; Mrs. M. Brown, assistant O.R. supervisor.

H. Olson, senior student, was elected representative of the student body to attend the C.N.A. biennial convention in Sackville, N.B.

Oatmeal Porridge

The crofters of Scotland used to subsist largely on oats. Oatmeal porridge made their morning and evening meal and oatcakes were their form of bread. The oats provided them with energy, with important minerals, and with generous amounts of the important vitamin B_1 (thiamine), in which our modern diets are all too often deficient. Oatmeal is a fuel-producing, regulating, and protective food.

Dr. L. B. Pett, chief of the Nutrition Division, Department of National Health and Welfare, once remarked that "we should be a better nourished nation if everyone started the day with a bowl of oatmeal or other whole grain cereal." He added that too many Canadians skimp on breakfast.

"When this important meal does not carry its share of the health protective foods, it is difficult to get all that is required in the other two meals," he said. — *Health News*

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There are vacancies on the Graduate Staff of the **Nova Scotia Sanatorium, Kentville, N.S.** for qualified Nurses. *Salary* starts at $95.00 per month plus full maintenance. Good hours with excellent working facilities and living accommodation. Opportunities for advancement. Appointments carry holiday, sick leave, and superannuation benefits of the Civil Service.

Application forms may be obtained from the: **Nova Scotia Civil Service Commission, P.O. Box 943, Halifax, N.S. or by telephoning No. 3-7341-Branch 230.**

Clinical Instructor in Surgical Nursing for School of Nursing, General Hospital, Regina, Sask. Apply Supt. of Nurses, stating qualifications, experience, salary expected.

Night Supervisor for Prince Edward Island Hospital, Charlottetown, P.E.I. 200-bed General Hospital. Duties to commence immediately. Apply to Supt. of Nurses, stating qualifications, salary expected.

Operating-Room Nurse for 220-bed hospital with all-graduate staff. 5½ day wk. 28 days' holiday per annum. Meals and laundry provided. **Graduate Registered Nurses for General Duty.** 8-hr. day, 6-day wk. Opportunities for advancement. Apply Supt. of Nurses, Jewish General Hospital, 3755 Cote Ste. Catherine Rd., Montreal 26, Que.

Graduate Nurses for Operating-Room (post-graduate course desirable or considerable experience). Salary: $137.33 a month plus meal and laundry; living out. Increase of $5.00 after 3 months if post-graduate, otherwise after 6 months. For full information write Director of Nursing Service, Victoria Hospital, London, Ont., giving full particulars as to graduation, experience, references, when available for duty.

Operating-Room Nurses and General Staff Nurses. 44-hour wk. Starting salaries: $150 and $140 gross respectively. Registration in British Columbia essential. Apply Supt. of Nurses, Royal Columbian Hospital, New Westminster, B.C.

General Duty Nurses for 80-bed General Hospital. Salary: $115 per month (including pay for O.R. call and bonus) plus maintenance. Increase at end of 6 months to $120 and at end of a yr. to $125. 8-hr. day, 6-day wk. 2 wks' holiday with pay (3 wks. given at end of 2nd yr.). Allowance for sick leave, hospitalization and statutory holidays. Additional $5.00 per month for 3:30 shift. Apply, stating qualifications, date available, Supt., Norfolk General Hospital, Simcoe, Ont.

Nurses for General Duty in 80-bed General Hospital. Nursing all on one floor. 8-hr. day, 6-day wk. 2 wk. night duty terms in turn, with 3 days off when term is completed. 1 month's holiday with pay each yr. Transportation paid to Hearst. Salary: $120 per month and full maintenance. Increased to $125 after 1 yr. of service. Apply to Supt., St. Paul's Hospital, Hearst Ont. or Mrs. I. M. Loveys, Rm. 413 Wesley Bldg., 299 Queen St. W., Toronto 2B, Ont.

Graduate Nurses (2) invited to apply to Supt., Geo. McDougall Hospital, Smoky Lake, Alta. Situated in heart of beautiful farming community. Applicants requested to state matrimonial status, age, school, expected salary. Inquiries welcomed.

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Night Supervisor. Gross salary: $170. **Operating-Room Supervisor** at $170. **Operating-Room Assistant** at $160. **Staff Nurses** at $155. 44-hour week plus laundry. Required before June 30. For further information apply Supt. of Nurses, Children's Hospital, 250 W. 59th Ave., Vancouver, B.C.

Assistant Superintendent. Salary: $140 per month with room and board. Apply Supt., General Hospital, Kenora, Ont.

NEWFOUNDLAND

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Operating-Room Supervisor. Salary: $120 per month with room and board. Apply Supt., General Hospital, Kenora, Ont.

Registered Nurses for General Staff at Ontario Hospitals in Brockville, Hamilton, Kingston, London, New Toronto, Orillia, St. Thomas, Toronto, Whitby, Woodstock, and Toronto Psychiatric Hospital. Initial salary: $1,840 per annum, less perquisites ($26.50 for room, board, laundry). Annual increment, accumulative sick leave, superannuation, 3 weeks' vacation, statutory holidays and special holidays with pay. 8-hr. day, 6-day wk. Apply to Supt. of Nurses at above hospitals.

Supervisors for 158-bed Tuberculosis Sanatorium pleasantly situated. Good living accommodation. Hospitalization and pension plans available. Student observation program in operation. Apply, stating salary expected, qualifications, date available, to Supt. of Nurses, Freeport Sanatorium, Kitchener, Ont.

Night Supervisor for 50-bed Maternity Hospital. Apply, stating qualifications, salary, etc. to Supt., Catherine Booth Mothers' Hospital, 4400 Walkley Ave., Montreal 28, Que.

Supt. of Nurses for large General Hospital with School for Nurses averaging 150 students. Applicants should give full details of education, post-graduate training, experience, references, etc. Correspondence invited. Apply in care of Box 3, The Canadian Nurse, Ste. 522, 1538 Sherbrooke St. W., Montreal 25, P.Q.

Director for Expanded Program of Red Cross Home Nursing in New Brunswick. Enthusiastic person with organizing and teaching ability required. For further information apply New Brunswick Division, Canadian Red Cross Society, 66 Prince William St., Saint John, N.B.

Science Instructor for School of Nursing, averaging 70 students. School connected with General Hospital; capacity 155 beds. Position open in August. Apply, stating salary, educational status, professional experience, to Director of Nursing, Holy Family Hospital, Prince Albert, Sask.

Supervisor for Clinical Teaching in 25-bed hospital. **Head Nurse** for 20 bed-ward. 8-hour day, 6-day week. 1 month vacation with pay after 1 year. Apply, stating qualifications, salary expected, to Supt. of Nurses, Children's Hospital, Winnipeg, Man.

Classroom Instructor for 100-bed hospital. Apply, stating qualifications and when services available, to Supt. of Nurses, Sherbrooke Hospital, Sherbrooke, Que.

Assistant Instructor. Position open Aug. 15. Student enrolment 150. Apply Supt. of Nurses, General Hospital, Saint John, N.B.

District Nurse in Province of Alberta. Rural service: Emergency treatment, preventive and maternity program. Furnished cottage, fuel, water supplied. Salary schedule: $1,920-$2,400. Sick leave, annual vacation, superannuation. Apply to Director, Nursing Division, Dept. of Public Health, Edmonton, Alta.

Staff Nurse for Welland and District Health Unit. Duties to commence as early as possible. Urban area; transportation is supplied. Apply, stating experience, to Dr. L. W. C. Sturgeon. 120 King St., Welland, Ont.

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Graduate Nurse for **General Staff Duty** for 350-bed Tuberculosis Hospital. Starting salary: $110 per month plus full maintenance. Apply to Miss C. Louise Bartsch, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, P.Q.

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General Staff Nurses. 44-hour week. Gross salary: $155 plus laundry, with increases. Extra $5.00 all night rotation shifts. All perquisites. Registration in British Columbia essential. Apply to Director of Nursing, Vancouver General Hospital, Vancouver, B.C.

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A.A., University of Alberta Hospital, Edmonton

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A.A., Lamont Public Hospital

Hon. Pres., Mrs. F. Hackett; Pres., Miss J. Graham; Vice-Pres., Mrs. C. Craig, Miss D. Wagar; Sec.-Treas., Mrs. B. I. Love, Elk Island National Park, Lamont; *Social Conveners*, Mmes A. Cowan, H. MacPherson; *News Ed.*, Mrs. B. Cooper, Lamont; *Executive*, Mmes R. Shears, M. Alton, J. L. Cleary, A. Southworth.

A.A., Medicine Hat General Hospital

Hon. Pres., Mrs. John Hill; Pres., Miss Mary Rowles; Vice-Pres., Mmes S. Goldie, F. Wuest; Sec., Miss Marion MacKenzie, M.H.G.H.; Treas., Miss Mary Mitchell; *Historian*, Miss Margaret Dann.

A.A., Vegreville General Hospital

Hon. Pres., Rev. Sr. Anna Keohane; Hon. Vice-Pres., Rev. Sr. J. Boisseau; Pres., Mrs. W. Zeir; Vice-Pres., Mrs. D. Triska; Sec.-Treas., Mrs. T. Umphrey, Box 253; *Visiting Committee* (chosen monthly).

BRITISH COLUMBIA

A.A., St. Paul's Hospital, Vancouver

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A.A., Vancouver General Hospital

Past Pres., Miss B. McCann; Pres., Mrs. M. W. Bakkan; Vice-Pres., Misses E. Nelson, D. Jamieson, H. King; Exec. Sec., Mrs. M. Faulkner, 587 W. 18th Ave.; Exec. *Member*, Mrs. G. Wyness; *Committee Conveners: Membership*, Mrs. B. Nesbitt; *Program*, Mrs. C. Johnson; *Publicity*, Mrs. J. Condie; *Education*, Miss A. E. Scoones.

A.A., Royal Jubilee Hospital, Victoria

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A.A., St. Joseph's Hospital, Victoria

Pres., Mrs. G. Hutchinson; Rec. Sec., Mrs. J. Shelley; Corr. Sec., Miss M. Grant, 2317 Blanchard St.; Treas., Mrs. P. Webb; *Councillors*, Mmes H. Gandy, H. E. Ridewood, N. Robinson, G. Evans, J. Welch; *Vital Statistics*, Miss H. Cruickshanks; *Rep.* to *Press*, Mrs. V. Rose.

MANITOBA

A.A., St. Boniface Hospital

Hon. Pres., Rev. Sr. Jarbeau; Pres., Miss M. Wilson; Vice-Pres., Misses T. Greville, V. Williams; Rec. Sec., Miss F. Avery; Corr. Sec., Mrs. J. Baisley, St. B. H.; Treas., Mrs. R. Willows; *Committees: Visiting*, Miss A. Merlevede; *Membership*, Miss J. Parent; *Social*, Miss P. Gallagher; *Archivist*, Miss K. McCallum; *Scholarship Fund*, Miss A. Laporte; *Reps.* to: *Local Council of Women*, Mrs. R. Letienne; *M.A.R.N.*, Miss M. McKenzie; *Press*, Miss I. Skinner; *The Canadian Nurse*, Miss E. Button.

A.A., Children's Hospital, Winnipeg

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A.A., Misericordia Hospital, Winnipeg

Hon. Pres., Rev. Sr. St. Candid; Pres., Miss C. Henderson; Vice-Pres., Miss C. Norman; Sec., Miss E. Twedell, M. H.; Treas., Miss H. Talpash; *Social Convener*, Miss E. Davidson.

A.A., Winnipeg General Hospital

Hon. Pres., Mrs. A. W. Moody; Pres., Miss H. Wilson; Vice-Pres., Misses M. Shepherd, R. Stratton, R. Dickie; Rec. Sec., Miss J. Webster; Corr. Sec., Miss M. Montgomery, 646 Toronto St.; Treas., Miss A. Aikman; Archivist, Miss A. Stevenson; *Committee Conveners: Program*, Miss M. Pringle; *Visiting*, Miss J. Gordon; *Journal*, Miss L. Barker; *Membership*, Miss A. Billinkoff; *Sandford Scholarship Fund*, Miss L. Pettigrew; *Reps.* to: *Doctors' & Nurses' Directory*, Miss E. Hunter; *Local Council of Women*, Mrs. A. Swan; *Council of Social Agencies*, Miss H. Setka; *School of Nursing*, Mrs. G. Noble; *The Canadian Nurse*, Miss L. Smolak.

NEW BRUNSWICK

A.A., Saint John General Hospital

Hon. Pres., Miss E. J. Mitchell; Pres., Miss B. Selfridge; Vice-Pres., Misses M. Scott, A. Hanscome; Sec. & Publicity, Miss A. Ross, S.J.G.H.; Asst. Sec., Mrs. W. Bambury; Treas., Mrs. E. Handren; *Add. Exec. Members*, Misses S. Hartley, R. Chisholm; *Committee Conveners: Refreshment*, Mrs. M. O'Neal; *Program*, Miss L. Floyd; *Visiting*, Miss C. McLeod; *Auditor*, Mrs. J. Vaughan.

A.A., L. P. Fisher Memorial Hospital, Woodstock

Pres., Mrs. William Adair, Main St.; Vice-Pres., Mrs. W. B. Manzer, Chapel St.; Sec.-Treas., Mrs. Percy Colwell, Main St.; *Executive Committee:* Mrs. King, Broadway; Mrs. A. Peabody, Woodstock; Mrs. Arnold, Elm St.

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A.A., Victoria General Hospital, Halifax

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A.A., Aberdeen Hospital, New Glasgow

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ONTARIO

A.A., Belleville General Hospital

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A.A., Brantford General Hospital

Hon. Pres., Miss J. M. Wilson; Pres., Miss O. Plumstead; Vice-Pres., Mrs. J. MacKay; Sec., Miss M. Patterson, B.G.H.; Treas., Miss E. Hodgson; *Committees: Gift*, Misses J. Landreth, V. Buckwell; *Flower*, Misses L. Burtch, A. Scott; *Social*, Mmes G. Brittain, D. Green; *Reps.* to: *Local Council of Women*, Mrs. R. Billo; *The Canadian Nurse & Press*, Miss I. Feely.

A.A., Brockville General Hospital

Hon. Pres., Misses A. L. Shannette, E. Moffat; Pres., Mrs. Wm. Cook; Vice-Pres., Misses L. Merkley, H. Corbett; Sec., Mrs. H. L. Bishop, 89 King St. W.; Treas., Mrs. H. Vandusen; *Committees: Gift*, Miss V. Kendrick; *Social*, Mrs. H. W. Green; *Property*, Misses J. McLaughlin, M. Gardiner, R. Carberry; *Fees*, Miss V. Preston; *Rep.* to *Press*, Miss Corbett.

A.A., Public General Hospital, Chatham

Hon. Pres., Miss P. Campbell; Pres., Mrs. Elsie Crippe; Vice-Pres., Misses E. Stenton, A. McKenzie; Rec. Sec., Mrs. A. E. Stoehr; Corr. Sec., Miss Ann Hastings, 30 McKeough Ave.; Treas., Miss D. Thomas; *Rep.* to *The Canadian Nurse*, Miss E. Orr.

A.A., St. Joseph's Hospital, Chatham

Hon. Pres., Rev. Sr. M. Fabian; Hon. Vice-Pres., Rev. Sr. M. Georgina; Pres., Miss K. Kaufmann; Vice-Pres., Mmes C. I. Salmon, M. Jackson; Sec., Miss A. Coveny; Corr. Sec., Miss A. Kenny, 258 Queen St.; Treas., Miss D. Carley; *Councillors*, Mmes H. McPherson, M. Millen, Misses M. Boyle, M. Doyle; *Committees: Buying*, Misses D. Carley, D. Nash, Mrs. E. Roberts; *Lunch*, Mmes I. Mulhern, A. Swift, Misses J. Gram, M. Haskell; *Program*, Mmes M. Hickey, L. Smyth, M. Brown, Miss M. Baker; *Reps.* to: *Press*, Miss A. Coveny; *The Canadian Nurse*, Mrs. M. Jackson.

A.A., Cornwall General Hospital

Hon. Pres., Misses H. C. Wilson, M. Nephew, Mrs. A. Snow; Hon. Member, Mrs. M. Boldick; Pres., Mrs. E. Wagoner; Vice-Pres., Mrs. F. Gunther, Miss E. Paul; Sec., Mrs. E. Gunther, 332-5th. E.; Treas., Mrs. E. Stewart, 228-5th St. E.; *Committee Conveners: Flower*, Miss I. MacDonald; *Social & Program*, Miss E. Allen; *Membership*, Mrs. B. Quart; *Rep.* to *The Canadian Nurse*, Mrs. V. Fenton.

A.A., Hotel Dieu Hospital, Cornwall

Hon. Pres., Rev. Sr. Daniels; Pres., Miss U. Leblanc; Vice-Pres., Rev. Sr. Mooney; Sec.-Treas., Miss Alice Huot, H.D.H.; Corr. Sec., Miss H. Fraser; *Committee Conveners: Social*, Miss R. McDonald; *Publicity*, Miss T. Wheeler; *Gift*, Miss D. Ryan.

A.A., McKellar Hospital, Fort William

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A.A., Galt Hospital

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A.A., Guelph General Hospital

Hon. Pres., Miss S. A. Campbell; Past Pres., Mrs. W. Redmond; Pres., Miss J. E. Watson; Vice-Pres., Mrs. C. Gausden, Miss H. Wilton; Sec., Miss Constance Blake, 36 Delhi St.; Treas., Miss Clara Zeigler.

A.A., St. Joseph's Hospital, Guelph

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A.A., Hamilton General Hospital

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A.A., Ontario Hospital, Hamilton

Hon. Pres., Miss K. E. Turney; Pres., Miss A. Busch; Vice-Pres., Miss A. Robertson; Sec., Miss N. Parker, O. H.; Treas., Miss L. Angle; *Committees: Social*, Mmes M. Sutherland, R. Chappelle, Miss S. Snaith; *Visiting*, Miss G. Balsam; *Rep.* to *Press*, Mrs. I. Stevens.

A.A., St. Joseph's Hospital, Hamilton

Hon. Pres., Sr. St. Edward; Hon. Vice-Pres., Sr. M. Ursula; Past Pres., Mrs. S. Hudecki; Pres., Miss F. O'Brien; Vice-Pres., Miss M. Peart; Sec., Miss B. Clohecy, 61 East Ave. S.; Treas., Miss M. E. Grace; *Executive*, Misses N. Walsh, E. Quinn, A. McCowell, M. Haley, Mmes S. Hudecki, J. Warren; *Reps.* to: *R.N.A.O.*, Miss D. Devine; *The Canadian Nurse*, Miss M. Reding.

A.A., Kingston General Hospital

Hon. Pres., Miss L. D. Acton; Pres., Mrs. G. Henry; Vice-Pres., Mrs. M. Potter; Sec. Miss L. Smith, K.G.H.; Treas., Mrs. G. Hunt; Asst. Treas., Miss O. Wilson; *Committee Conveners: Flower*, Mrs. S. Smith; *Private Duty*, Mrs. C. Jackson; *Program*, Mrs. M. Atack; *Reps.* to: *Local Council of Women*, Mrs. Leggett; *Kingston Film Council*, Mrs. Spence.

A.A., St. Mary's Hospital, Kitchener

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A.A., Ross Memorial Hospital, Lindsay

Hon. Pres., Miss E. Reid; Pres., Miss K. Williamson; Vice-Pres., Miss G. Lehigh; Sec., Miss E. Campbell; Treas., Miss E. Hutton, Little Britain, R.R.1; *Committees: Lunch*, Misses H. Jordan, E. Denver; *Program*, Miss J. Murphy; *Red Cross*, Miss L. Gillespie; *Rep.* to *Press*, Mrs. R. Laurence.

A.A., Ontario Hospital, London

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A.A., St. Joseph's Hospital, London

Hon. Pres., Sr. St. Elizabeth; Hon. Vice-Pres., Sr. Ruth; Pres., Miss I. Griffin; Vice-Pres., Mrs. M. Loree, Miss B. Wallis; Rec. Sec., Miss R. Heenan; Corr. Sec., Miss F. Caddy, 587 Grosvenor St.; Treas., Miss J. Johnston; *Committees: Social*, Miss A. Conroy, Mrs. M. McCaughey; *Finance*, Misses N. Griffin, P. Gray; *Program*, Miss I. Healey; *Registry*, Misses F. Carfrae, F. Caddy, Mrs. K. Coughlin; *Reps.* to: *Press*, Miss M. Mahoney; *The Canadian Nurse*, Miss S. Gignac.

A.A., Victoria Hospital, London

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A.A., Niagara Falls General Hospital

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A.A., Oshawa General Hospital

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A.A., Lady Stanley Institute (Incorporated 1918) Ottawa

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A.A., Ottawa Civic Hospital

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A.A., Ottawa General Hospital

Hon. Pres., Rev. Sr. Marie Alban; Pres., Mme N. Chassé; Vice-Pres., Mmes H. Racine, R. Séguin; Sec., Miss D. Herbert, O.G.H.; Treas., Miss H. Béchard; *Councillors*, Misses J. Robert, V. Bélier, G. Boland, K. Ryan, J. Sabourin, A. Quinn; *Committees: Registry*, Misses M. Landreville, M. Butler, A. Sanders; *Sick Benefit*, Miss J. Frappier; *D.C.C.A.*, Miss M. O'Hare; *Red Cross*, Mrs. A. Powers; *Rep.* to *The Canadian Nurse*, Miss D. Herbert.

A.A., St. Luke's Hospital, Ottawa

Hon. Pres., Miss E. Maxwell, O.B.E.; Pres., Mrs. Ruby Brown; Vice-Pres., Miss I. Allen; Sec., Miss N. Lewis, 270 Cooper St.; Treas. Miss M. Ross; *Committees: Blue Cross Hospitalization*, Miss I. Johnston; *Flowers*, Mrs. W. Creighton, Miss Diana Brown; *Nominating*, Miss S. Clark, Mrs. J. C. MacFarlane; *Reps.* to: *Central Registry*, Miss D. Brown; *Local Council of Women*, Mrs. E. Swerdfager, Miss E. Honeywell; *Press*, Mrs. Swerdfager; *The Canadian Nurse*, Miss I. Johnston.

A.A., Owen Sound General and Marine Hospital

Hon Pres., Miss E. Webster; Pres., Miss L. Harris; Vice-Pres., Miss A. Cook; Sec. Treas., Mrs. D. Story, 1104-2nd Ave. E.; *Rep.* to *R.N.A.O.*, Miss G. Fenton.

A.A., Peterborough Civic Hospital

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A.A., St. Joseph's General Hospital, Port Arthur

Pres., Miss Ina Lankinen; Vice-Pres., Mrs. M. Guy; Sec., Mrs. A. Allan, St. J.H.; Treas., Mrs. M. Siczkar; *Executive*, Mmes W. McLaren, J. Flaherty, Miss M. McKay.

A.A., Sarnia General Hospital

Hon. Pres., Miss Rahno Beamish; Pres., Miss Gloria Welch; Sec., Miss Jean Thomson, S.G.H.; Treas., Miss Elizabeth Russell, S.G.H.; *Rep.* to *The Canadian Nurse*, Miss Marion Buckrell, 264 London Rd.

A.A., Stratford General Hospital

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A.A., Mack Training School, St. Catharines

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A.A., St. Thomas Memorial Hospital

Hon. Pres., Miss I. Stewart; Hon. Vice-Pres., Miss L. Theobold; Pres., Miss B. Pow; Vice-Pres., Miss A. Fryer; Sec., Miss P. Latimer, M. H.; Treas., Miss Helen Lindsay.

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A.A., Hospital for Sick Children, Toronto

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A.A., Riverdale Hospital, Toronto

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A.A., St. John's Hospital, Toronto

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A.A., St. Joseph's Hospital, Toronto

Hon. Pres., Rev. Sr. Annetta; Hon. Vice-Pres., Rev. Sr. Vianney; Pres., Miss A. Tobin; Vice-Pres., Miss U. Smith, Mrs. H. Spencer; Rec. Sec., Miss S. Griffin; Corr. Sec., Miss B. Soplet, 151 Broadview Ave.; Treas., Mrs. S. Young; *Councillors*, Misses V. H. Sewell, D. Norman, B. Huggins, Mrs. L. Kennedy; *Committee Conveners: Program*, Miss B. Mulvihill; *Membership*, Miss J. Mossam; *Reps.* to: *R.N.A.O.*, Miss M. Kelly; *Blue Cross*, Miss E. McBride.

A.A., St. Michael's Hospital, Toronto

Hon. Pres., Rev. Sr. Superior; Hon. Vice-Pres., Rev. Sr. M. Kathleen; Pres., Miss V. Murphy; Vice-Pres., Misses M. McGarrell, H. Pickett, M. Loftus; Rec. Sec., Miss L. Huck; Corr. Sec., Mrs. S. Travalo, 87 Pape Ave.; Treas., Miss D. Murphy, 92 Westminster Ave.; Assist. Treas., Miss A. Quigley; *Councillors*, Mrs. L. Kielly, Misses N. O'Connor, K. Boyle; *Active Membership*, Miss G. Donovan; *Assoc. Membership*, Mrs. K. Geis; *Plan for Hosp. Care*, Mrs. A. Romano; *Nursing Ed.*, Miss G. Murphy; *Ed., "The News,"* Miss K. Boyle; *Reps.* to: *Registry*, Misses N. Corrigan, T. Harrison, K. Meagher; *Local Council of Women*, Miss E. Crocker; *Press*, Miss E. Kraft; *The Canadian Nurse*, Miss M. Wall.

A.A., School of Nursing, University of Toronto

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